

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42829

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: FLORIDA BAPTIST FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1320 HENDRICKS AVE  
SUITE 2  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1320 HENDRICKS AVE  
SUITE 2  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3063682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCCLELLAND, EDDIE L  
1320 HENDRICKS AVE.  
JACKSONVILLE, FL 32207      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: COOLEY, DONALD L REV.  
Address: 6735 CALVADOS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D      ( ) Delete  
Name: HEADLEY, JR., WILLIAM A  
Address: 1128 WOODLAND STREET  
City-St-Zip: ORLANDO, FL 32806 US

Title: D      ( ) Delete  
Name: SCOTT, T. ALLISON  
Address: 1043 PINEVIEW CIRCLE  
City-St-Zip: LAKE CITY, FL 32064 US

Title: P      ( ) Delete  
Name: MCCLELLAND, EDDIE L  
Address: 1320 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D      ( ) Delete  
Name: ANDERSON, LINDA  
Address: 9526 WATERFORD ROAD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D      ( ) Delete  
Name: OVERMAN, RICHARD L  
Address: 108 MCVICKERS ROAD  
City-St-Zip: MIDDLEBURG, FL 32068 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE L. MCCLELLAND

P

03/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date