

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2007  
Secretary of State**

DOCUMENT# N93000003449

Entity Name: COUNTRY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

2601 N. C .HILL RD.  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

2601 N.C HILL RD  
AVON PARK, FL 33825 US

**New Mailing Address:**

FEI Number: 59-3148343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ABLES, CLIFFORD M III  
457 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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: TD ( ) Delete  
Name: ROBERTS, RICHARD SR  
Address: 5135 E. FELBER RD.  
City-St-Zip: AVON PARK, FL 33825

Title: T ( ) Delete  
Name: ROBERTS, RICHARD J  
Address: 4903 E. FELBER RD.  
City-St-Zip: AVON PARK, FL

Title: T ( ) Delete  
Name: KUSEK, BARBARA  
Address: 3293 N HORSESHOE DR  
City-St-Zip: AVON PARK, FL 33825

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

Title: TD (X) Change ( ) Addition  
Name: ROBERTS, RICHARD SR  
Address: 4523 HARDER AVE  
City-St-Zip: SEBRING, FL 33875

Title: T (X) Change ( ) Addition  
Name: ROBERTS, RICHARD  
Address: 4523 HARDER AVE.  
City-St-Zip: AVON PARK, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIA ROBERTS

T

04/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date