2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003427

Entity Name: BABSON PARK COMMUNITY CHURCH, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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725 RAINBOW BLVD. 725 RAINBOW BLVD.

BABSON PARK, FL 33827 BABSON PARK, FL 33827 US

Current Mailing Address: New Mailing Address:

P.O. BOX 35 P.O. BOX 35

BABSON PARK, FL 33827 BABSON PARK, FL 33827 US

FEI Number: 59-6218948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CISZEK, STAN 110 ILLINOIS AVE

BABSON PARK, FL 33827 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

JOHNSON, ERIC JOHNSON, ERIC Name: Name: 1440 SEMINOLE RD Address: 1440 SEMINOLE RD Address:

City-St-Zip: BABSON PARK, FL 33827 City-St-Zip: BABSON PARK, FL 33827 US

Title: () Delete Title: (X) Change () Addition FAIKS, WALTER Name: FAIKS, WALTER Name:

Address: 1470 N CROOKED LAKE DR Address: 1470 N CROOKED LAKE DR

City-St-Zip: BABSON PARK, FL 338279718 City-St-Zip: BABSON PARK, FL 338279718 US

Title: () Delete Title: (X) Change () Addition WALKER, JOANNE Name: DEMAG, JOANNE Name:

Address: 2330 THOREAU DR 2330 THORAU DR Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 US

(X) Change () Addition Title: Title: D () Delete

Name: BERRY, CINDI Name: MALONE, JAYMIE 224 E STUART AVE Address: Address: P.O BOX 366 City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: BABSON PARK, FL 338270366 US

Title: () Delete Title: (X) Change () Addition

JOHNSON, RONALD JOHNSON, RONALD Name: Name: 638 HILLSIDE DR 638 HILLSIDE DR Address: Address:

BABSON PARK, FL 33827 BABSON PARK, FL 33827 US City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

OSBURN, CONNIE OSBURN, CONNIE Name: Name: Address: POB 546 Address: P.O. BOX 546

FROSTPROOF, FL 338430546 FROSTPROOF, FL 338430546 US City-St-Zip: 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: WALTER FAIKS TD 03/19/2009