


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 700716

1. Entity Name
FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.



Principal Place of Business 4050 REDLEAF DR PO BOX 98 ELFERS, FL 34680	Mailing Address 4050 REDLEAF DR PO BOX 98 ELFERS, FL 34680
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FILED
09 JAN 16 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01052009 No Chg-NP CR2E037 (11/08)

4. FEI Number 59-1359793	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARNES, CLYTEE
5615 WESSON RD
NEW PORT RICHEY, FL 34655

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2009	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUPERNALUT, KEN 9411 DECUBELLIS RD. NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, FRED M. 4410 CANCELL STREET NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BROWN, THOMAS 4849 POMPANO DR NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARNES, CLYTEE 5615 WESSON RD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUZLEWSKI, RITA PO BOX 324 ELFERS, FL 34680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/09--01018--010 **70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clytee Horness Clytee Horness 1/9/09 727-849-6352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #