

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700958

FILED
Mar 18, 2008
Secretary of State

Entity Name: FLORIDA BAPTIST FOUNDATION

Current Principal Place of Business:

1320 HENDRICKS AVE.
JACKSONVILLE, FL 322078619

New Principal Place of Business:

Current Mailing Address:

1320 HENDRICKS AVE.
JACKSONVILLE, FL 322078619

New Mailing Address:

FEI Number: 59-0696288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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

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

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
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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

EDT

03/18/2008

Electronic Signature of Signing Officer or Director

Date