

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703004

FILED
Jan 09, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF OSPREY, INC.

Current Principal Place of Business:

265 N TAMiami TRAIL
PO BOX 808
OSPREY, FL 34229

New Principal Place of Business:

265 N TAMiami TRAIL
OSPREY, FL 34229

Current Mailing Address:

265 N TAMiami TRAIL
PO BOX 808
OSPREY, FL 34229

New Mailing Address:

265 N. TAMiami TRAIL
P.O. BOX 808
OSPREY, FL 34229

FEI Number: 23-7371650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, VINCE
8986 ROCKY LAKE CT.
SARASOTA, FL 34238 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: VD () Delete
Name: COLLIER, VINCE
Address: 8986 ROCKY LAKE CT.
City-St-Zip: SARASOTA, FL 34238

Title: TD () Delete
Name: KOSTRZEWSKI, JANICE
Address: 2069 CA D ORO DR
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: HILTON, JOHN
Address: 651 JACARANDA BLVD.
City-St-Zip: VENICE, FL 34292 US

Title: PD () Delete
Name: BAUGH, DON
Address: 8894 HUNTINGTON POINTE DRIVE
City-St-Zip: SARASOTA, FL 34238 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:

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: JANICE M. KOSTRZEWSKI

SD

01/09/2009

Electronic Signature of Signing Officer or Director

Date