

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704105

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF SNEADS HOLDING COMPANY, INC.

**Current Principal Place of Business:**

GLOSTER AVE & POPE ST  
PO BOX 246  
SNEADS, FL 32460

**New Principal Place of Business:**

GLOSTER AVE & POPE ST  
SNEADS, FL 32460

**Current Mailing Address:**

GLOSTER AVE & POPE ST  
PO BOX 246  
SNEADS, FL 32460 US

**New Mailing Address:**

PO BOX 246  
SNEADS, FL 32460 US

**FEI Number:** 59-2241273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VINSON, MARLIN  
2044 GLOSTER AVE  
SNEADS, FL 32460 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: PD ( ) Delete  
Name: VINSON, MARLIN  
Address: 2044 GLOSTER AVENUE  
City-St-Zip: SNEADS, FL 32460

Title: VD ( ) Delete  
Name: PETTIS, EARL  
Address: 2083 WOLFE AVE  
City-St-Zip: SNEADS, FL 32460

Title: T ( ) Delete  
Name: OWENS, ANN  
Address: 1802 SAND BASIN RD  
City-St-Zip: GRAND RIDGE, FL 32442

Title: SD ( ) Delete  
Name: TRENT, JAMES  
Address: 1964 GLOSTER AVE  
City-St-Zip: SNEADS, FL 32460

**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: MARLIN VINSON

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date