2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# 704573

Entity Name: FIRST BAPTIST CHURCH OF NOCATEE, INC.

Current Principal Place of Business:

HWY 17 SO.
BOX 447
NOCATEE, FL 34268 US

New Principal Place of Business:

4610 SW HIGHWAY 17
ARCADIA, FL 34266 US

Current Mailing Address:

HWY 17 SO.
BOX 447
NOCATEE, FL 34268 US

New Mailing Address:

PO BOX 447
NOCATEE, FL 34268 US

FEI Number: 59-2338370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LESLIE R
NEVERSAIL AVE
NOCATEE, FL 34268 US

Name and Address of New Registered Agent:

WILSON, LESLIE R D
NEVERSAIL AVE
ARCADIA, FL 34266 US

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: LESLIE R WILSON 04/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: WILSON, MARY A
Address: NEVERSAIL AVE
City-St-Zip: NOCATEE, FL 34268

Title: D ( ) Delete
Name: WILSON, LESLIE R
Address: NEVERSAIL AVE
City-St-Zip: NOCATEE, FL 34268

Title: D ( ) Delete
Name: MCCALL, FRANCIS E
Address: 760 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 33862

Title: D ( ) Delete
Name: MOTT, BRUCE A
Address: LANGFORD ST
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete
Name: CAPENTER, TIM
Address: CARLTON ROAD
City-St-Zip: NOCATEE, FL 34268

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: WILSON, MARY A
Address: NEVERSAIL AVE
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change ( ) Addition
Name: WILSON, LESLIE R
Address: NEVERSAIL AVE
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change ( ) Addition
Name: MOTT, BRUCE A
Address: LANGFORD ST
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change ( ) Addition
Name: CARPENTER, TIM
Address: CARLTON ROAD
City-St-Zip: ARCADIA, FL 34266

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: MARY ANN WILSON T 04/12/2009
Electronic Signature of Signing Officer or Director Date