

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706460

FILED
Apr 21, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF CUTLER RIDGE, INC.

Current Principal Place of Business:

CUTLER RIDGE INC
10301 CARIBBEAN BOULEVARD
MIAMI, FL 33189

New Principal Place of Business:

CUTLER RIDGE INC
10301 CARIBBEAN BOULEVARD
CUTLER BAY, FL 33189

Current Mailing Address:

CUTLER RIDGE INC
10301 CARIBBEAN BOULEVARD
MIAMI, FL 33189

New Mailing Address:

CUTLER RIDGE INC
10301 CARIBBEAN BOULEVARD
CUTLER BAY, FL 33189

FEI Number: 59-0979922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLENS, JAMES
9831 S W 190 STREET
MIAMI, FL 33157 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: T () Delete
Name: POOLE, LANE
Address: 660 SE 23 LN
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: HAMILTON, GARY
Address: 15885 SW 272 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: JUDSON, RAY
Address: 9940 NICARAGUA DR
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: BARROWS, PATTI
Address: 18550 SW 93 AVE
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: JUDSON, RAY
Address: 9940 NICARAGUA DR
City-St-Zip: MIAMI, FL 33189

Title: DT (X) Change () Addition
Name: BARROWS, PATTI L
Address: 18550 SW 93 AVE
City-St-Zip: MIAMI, FL 33157

Title: P () Change (X) Addition
Name: SULLENS, JAMES R
Address: 9831 SW 190 STREET
City-St-Zip: MIAMI, FL 33157

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: PATTI BARROWS

DT

04/21/2009

Electronic Signature of Signing Officer or Director

Date