

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707013

FILED
Apr 22, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.

Current Principal Place of Business:

900 NORTH STREET
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

900 NORTH STREET
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-1058147 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMSEUR, FRANK
210 COLONIAL LANE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

DAVIS, RALPH
245 W. LONG CREEK COVE
LONGWOOD, FL 32750 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: RALPH DAVIS, REGISTERED AGENT

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMSEUR, FRANK
Address: 210 COLONIAL LANE
City-St-Zip: LONGWOOD, FL 32750

Title: VPD () Delete
Name: HENLEY, CARLTON
Address: 1627 ORLANDO AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: BANNISTER, ERROL J
Address: 1825 SILVER VALLEY COURT
City-St-Zip: APOPKA, FL 32712 US

Title: T () Delete
Name: DOORNEWEERD, DAVID
Address: 36331 LESLYE LANE
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAMPHERE, TODD M
Address: 436 EAST CENTER STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VPD (X) Change () Addition
Name: CASLOW, CHRIS
Address: 703 LITTLE WEKIVA ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SD (X) Change () Addition
Name: DAVIS, LEA C
Address: 304 OAKHURST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: T (X) Change () Addition
Name: MCCONNELL, BARRY
Address: 207 HICKORY DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

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: LEA C. DAVIS

SD

04/22/2009

Electronic Signature of Signing Officer or Director

Date