2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707536

FILED Jan 23, 2008 Secretary of State

Entity Name: EAST THONOTOSASSA BAPTIST CHURCH INC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	GHTS GRIFFIN DSASSA, FL 33				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	GHTS GRIFFIN DSASSA, FL 33				
El Number	: 59-1333381	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
306 W. RÉ PLANT CI	JAMES L. EYNOLDS ST TY, FL 33566	US ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
	e of Florida.	·		3 3 , , ,	
SIGNATUI		c Signature of Registered Age	ant .	 Date	
OFFICER:	S AND DIRECT			BES TO OFFICERS AND DIRECTORS	
		Delete	Title:		
Title:					
lame: \ddress:	HALE, JIM	HTS GRIFFIN RD	Name: Name: Address: City-St-Zip:	() Change () Addition	
lame: Address: City-St-Zip: Title: lame: Address:	HALE, JIM 11901 W. KNIGI THONOTOSASS D () MATTHEWS, RO	HTS GRIFFIN RD (A, FL 33592) Delete DNALD TS GRIFFIN ROAD	Name: Address:	() Change () Addition	
lame: ddress: bity-St-Zip: lame: ddress: bity-St-Zip: litle: lame: lame: ddress:	HALE, JIM 11901 W. KNIGI THONOTOSASS D () MATTHEWS, RC 8701 W. KNIGH PLANT CITY, FL	HTS GRIFFIN RD A, FL 33592 Delete DNALD TS GRIFFIN ROAD . 33565 Delete NOLD (OOD ROAD	Name: Address: City-St-Zip: Title: Name: Address:		
itle: dame: ddress: city-St-Zip: lame: ddress: city-St-Zip: lame: ddress: city-St-Zip: lame: ddress: city-St-Zip: lame: ddress: city-St-Zip:	HALE, JIM 11901 W. KNIGI THONOTOSASS D () MATTHEWS, RC 8701 W. KNIGH PLANT CITY, FL D () CAMPBELL, AR 4211 CASTLEW SEFFNER, FL	HTS GRIFFIN RD FA, FL 33592 Delete DNALD TS GRIFFIN ROAD . 33565 Delete NOLD OOD ROAD 33584 Delete DY DAD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	
lame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Address: Address: Address:	HALE, JIM 11901 W. KNIGI THONOTOSASS D () MATTHEWS, RC 8701 W. KNIGH PLANT CITY, FL D () CAMPBELL, AR 4211 CASTLEW SEFFNER, FL T () WOOTEN, CIND 5209 PLESS RC PLANT CITY, FL	HTS GRIFFIN RD IA, FL 33592 Delete DNALD TS GRIFFIN ROAD TS GRIFFIN RD TS GRIFFIN ROAD TS GRIFFIN ROA	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	() Change () Addition () Change () Addition	

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: TOM SMITH D 01/23/2008