

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707536

FILED
Jan 14, 2009
Secretary of State

Entity Name: EAST THONOTOSASSA BAPTIST CHURCH INC

Current Principal Place of Business:

12735 KNIGHTS GRIFFIN
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

12735 KNIGHTS GRIFFIN
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: 59-1333381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDMAN, JAMES L.
306 W. REYNOLDS ST
PLANT CITY, FL 33566 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: D () Delete
Name: HALE, JIM
Address: 11901 W. KNIGHTS GRIFFIN RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: MATTHEWS, RONALD
Address: 8701 W. KNIGHTS GRIFFIN ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: CAMPBELL, ARNOLD
Address: 4211 CASTLEWOOD ROAD
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: WOOTEN, CINDY
Address: 5209 PLESS ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: D () Delete
Name: SMITH, TOM
Address: 6605 W DORMANY RD
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: JAUDON, DAVID
Address: 3444 N. GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527

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: T (X) Change () Addition
Name: MOORE, LISA
Address: 8802 STAN MOORE RD
City-St-Zip: PLANT CITY, FL 33565 US

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: THOMAS D. SMITH

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date