## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 708711**

FILED Mar 24, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF AUBURNDALE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

300 S. MAIN ST.

AUBURNDALE, FL 338231102 US

Current Mailing Address: New Mailing Address:

300 S. MAIN ST. 300 S. MAIN ST

P O BOX 367 (338230367) AUBURNDALE, FL 338231102 US

AUBURNDALÈ, FL 338231102 US

FEI Number: 59-0637835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLMERT, BRYAN G 145 GOODMAN AVENUE LAKE ALFRED, FL 33850

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:

Flatori Circulus f Davidos d'Arad

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TD ()Delete Title: TD (X)Change ()Addition

 Name:
 STRICKLER, JOE
 Name:
 SHELTON, CHRIS

 Address:
 660 E. THELMA STREET
 Address:
 711 P.K. AVENUE

 City-St-Zip:
 LAKE ALFRED, FL 33850
 City-St-Zip:
 AUBURNDALE, FL 33823

Title: PCD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OLMERT, BRYAN G
 Name:

 Address:
 145 GOODMAN AVENUE
 Address:

 City-St-Zip:
 LAKE ALFRED, FL 33850
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition
Name: WOODARD, MARJORIE D Name: KUYKENDALL, WANDEAN
Address: 504 MANDY STREET 535 ARNESON AVENUE

 Address:
 504 MANDY STREET
 Address:
 535 ARNESON AVENUE

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 AUBURNDALE, FL 33823

Title: VCD ( ) Delete Title: ( ) Change ( ) Addition
Name: KULL, JIM Name:

 Name:
 KULL, JIM
 Name:

 Address:
 1196 KINSMEN DRIVE
 Address:

 City-St-Zip:
 AUBURNDALE, FL 33823
 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: BRYAN G. OLMERT RA 03/24/2009