

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709094

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF POLK CITY, INC.

## Current Principal Place of Business:

408 ARBORVITAE LN  
POB 428  
POLK CITY, FL 338680428

## New Principal Place of Business:

408 ARBORVITAE LN  
POLK CITY, FL 33868

## Current Mailing Address:

408 ARBORVITAE LN  
POB 428  
POLK CITY, FL 338680428

## New Mailing Address:

FEI Number: 59-2932221      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRIDGES, DAVID W  
905 SOUTH DR.  
PO BOX 927  
POLK CITY, FL 338680927 US

## Name and Address of New Registered Agent:

BRIDGES, DAVID W  
905 SOUTH DR.  
POLK CITY, FL 33868 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:

04/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: CARROLL, CHARLES M  
Address: 740 4TH STREET  
City-St-Zip: POLK CITY, FL 338689719

Title: PD ( ) Delete  
Name: BRIDGES, DAVID W  
Address: 905 SOUTH DR.  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete  
Name: PRESTAGE, KEITH  
Address: 224 S. CITRUS GROVE BLVD., PO BOX 294  
City-St-Zip: POLK CITY, FL 338680294

Title: T ( ) Delete  
Name: JUDY, MARJORIE V  
Address: 9803 WILDER RD  
City-St-Zip: POLK CITY, FL 338689725

Title: S ( ) Delete  
Name: MCGINNIS, KETURAH G  
Address: 3610 OLD BERKLEY RD  
City-St-Zip: AUBURNDAL, FL 33823

Title: PD ( ) Delete  
Name: WILSON, SAMUEL  
Address: 220 W. HARBORD ST  
City-St-Zip: LAKE ALFRED, FL 33850339

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARROLL, CHARLES M  
Address: 740 4TH STREET  
City-St-Zip: POLK CITY, FL 338689719

Title: D (X) Change ( ) Addition  
Name: BRIDGES, DAVID W  
Address: 905 SOUTH DR.  
City-St-Zip: POLK CITY, FL 33868

Title: D (X) Change ( ) Addition  
Name: PRESTAGE, KEITH  
Address: PO BOX 294  
City-St-Zip: POLK CITY, FL 338680294

Title: AT (X) Change ( ) Addition  
Name: RUTLEDGE, CLIFFORD D  
Address: 5027 SHELLEY CT  
City-St-Zip: LAKE LAND, FL 338057569

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

Title: D (X) Change ( ) Addition  
Name: WILSON, SAMUEL  
Address: 220 W. HARBORD ST  
City-St-Zip: LAKE ALFRED, FL 33850339

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: CLIFFORD D RUTLEDGE

AT

04/17/2009

Electronic Signature of Signing Officer or Director

Date