

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709914

FILED
Jul 29, 2009
Secretary of State

Entity Name: ASTATULA BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

13239 FLORIDA AVE.
ASTATULA, FL 34705 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141
ASTATULA, FL 34705 US

New Mailing Address:

FEI Number: 59-6531138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALBERDING, DON
25829 CR 561
ASTATULA, FL 34705 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: P () Delete
Name: LANE, TRAVIS
Address: 25020 JEFFERSON STREET
City-St-Zip: ASTATULA, FL 34705

Title: S () Delete
Name: BECK, ELLA MAE
Address: 23047 ROBBINS RD.
City-St-Zip: ASTATULA, FL 34705

Title: T () Delete
Name: ALBERDING, DON
Address: 25829 CR 561
City-St-Zip: ASTATULA, FL 34705

Title: D () Delete
Name: HATTO, DEACON
Address: 25000 CYPRESS POND CT
City-St-Zip: MONTVERDE, FL

Title: D () Delete
Name: BECK, MELVIN
Address: 23047 ROBBINS RD.
City-St-Zip: ASTATULA, FL 34705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: ROWE, LINDA
Address: 25128 JEFFERSON STREET
City-St-Zip: ASTATULA, FL 34705

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

Title: D (X) Change () Addition
Name: HATTO, DON
Address: 25000 CYPRESS POND CT.
City-St-Zip: LEESBURG, FL 34748

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: TRAVIS LANE

P

07/29/2009

Electronic Signature of Signing Officer or Director

Date