

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709924

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

2250 STATE ROAD 17 SOUTH
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

2250 STATE ROAD 17 SOUTH
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-6159644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER, AMY R
2250 SR 17 SOUTH
HAINES CITY, FL 33844 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: TDS () Delete
Name: HINKLE, WILLIAM
Address: 2808 SEQUOYAH DR
City-St-Zip: HAINES CITY, FL 338440772

Title: D () Delete
Name: JORDAN, BILL
Address: 320 LAKE ELSIE DR.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: SHYTLE, JAMES
Address: 960 S. LAKE ELBERT DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: MYERS, MARK D DR.
Address: 64 PINE FORREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: SHEEK, TOM R
Address: 92 PINE FOREST LANE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIMS, KERMIT
Address: 415 DYSON RD.
City-St-Zip: HAINES CITY, FL 33844

Title: T (X) Change () Addition
Name: WILLIAMS, THOMAS
Address: P.O. BOX 1691
City-St-Zip: DAVENPORT, FL 33836

Title: D (X) Change () Addition
Name: SHYTLE, JAMES
Address: 1100 MARTINIQUE DR. #120
City-St-Zip: WINTER HAVEN, FL 33884

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: DAVID MYERS

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date