2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 709924

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:	D	( ) Delete
Name:	SIMS, KERMIT	
Address:	415 DYSON RD.	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	T	( ) Delete
Name:	WILLIAMS, THOMAS	
Address:	P.O. BOX 1691	
City-St-Zip:	DAVENPORT, FL 33836	
Title:	D	( ) Delete
Name:	SHYTLE, JAMES	
Address:	1100 MARTINIQUE DR. #120	
City-St-Zip:	WINTER HAVEN, FL 33884	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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:	( ) 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: AMY R FOWLER RA 01/26/2009
Electronic Signature of Signing Officer or Director — Date