

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709924

**FILED**  
**Feb 16, 2010**  
**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:** D  
**Name:** SIMS, KERMIT  
**Address:** 415 DYSON RD.  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** T  
**Name:** WILLIAMS, THOMAS  
**Address:** P.O. BOX 1691  
**City-St-Zip:** DAVENPORT, FL 33836

**Title:** D  
**Name:** SHYTLE, JAMES  
**Address:** 1100 MARTINIQUE DR. #120  
**City-St-Zip:** WINTER HAVEN, FL 33884

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** M. DAVID MYERS

D

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date