2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711865

FILED Jan 27, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF SUNRISE GOLF VILLAGE, INC.

	Principal Place	e of Business:	New Principal Place of	of Business:
6401 SUN SUNRISE	NSET STRIP E, FL 33313			
Current N	Mailing Addre	ss:	New Mailing Address	:
	NSET STRIP E, FL 33313			
FEI Numbe	r: 59-1154077	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:
	ARSON, AMO			
	V 17TH COUR FION, FL 3332			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU				
01011/110		nic Signature of Registered A	gent	Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SINCLAIR, GL 8717 N.W. 27	TH COURT	Title: O Name: KING, WILLII Address: 6428 NW 52 City-St-Zip: LAUDERHILL	CT.
Title: Name:	JOHNSON, GL		Title: Name:	() Change () Addition
		RY DRIVE #E- IV FL 33319	Address: City-St-Zip:	
City-St-Zip: Title: Name: Address:	LAUDERHILL, T (SEYMOUR, BE 6591 NW 24TH	FL 33319) Delete ERNICE H ST	Address: City-St-Zip:	()Change ()Addition
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LAUDERHILL, T (SEYMOUR, BE 6591 NW 24TH SUNRISE, FL D (FARQUHARSO 11701 NW 177	FL 33319) Delete ERNICE H ST 33313) Delete DN, AMOS N REV	Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	LAUDERHILL, T (SEYMOUR, BE 6591 NW 24TH SUNRISE, FL D (FARQUHARSO 11701 NW 177 FORT LAUDER O (BEHARRIE, EI	FL 33319) Delete ERNICE H ST 33313) Delete DN, AMOS N REV TH COURT RDALE, FL 33323) Delete DNA H STREET BLDG. 1, # 211	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: 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: AMOS N. FARQUHARSON REV 01/27/2009