

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712250

FILED
Jan 18, 2009
Secretary of State

Entity Name: SHADY GROVE BAPTIST CHURCH INC.

Current Principal Place of Business:

1955 HWY 177-A
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

1955 HWY 177-A
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-2137823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, OKLEY
712 E. MONTANA AVE.
BONIFAY, FL 32425 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: VD () Delete
Name: STRICKLAND, OKLEY
Address: 712 E. MONTANA AVE
City-St-Zip: BONIFAY, FL 32425

Title: TR () Delete
Name: MCKINLEY, HELEN C
Address: 2062 CANEY BRANCH ROAD
City-St-Zip: BONIFAY, FL 32425

Title: TR () Delete
Name: CAUSSEAU, JAMES A
Address: 2063 CANEY BRANCH ROAD
City-St-Zip: BONIFAY, FL 32425

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:

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: MARY N ETHERIDGE

TREA

01/18/2009

Electronic Signature of Signing Officer or Director

Date