

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# 712265

Entity Name: FIRST BAPTIST CHURCH OF EDGEWATER, INC.

**Current Principal Place of Business:**

130 EAST PARK AVENUE  
EDGEWATER, FL 32132

**New Principal Place of Business:**

**Current Mailing Address:**

130 EAST PARK AVENUE  
EDGEWATER, FL 32132

**New Mailing Address:**

FEI Number: 20-0001812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COLLINS, TAMARA A  
130 EAST PARK AVENUE  
EDGEWATER, FL 32132      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: T      ( ) Delete  
Name: STIMSON, RENEE  
Address: 756 BAY DRIVE  
City-St-Zip: NEW SMYRNA, FL 32168

Title: T      ( ) Delete  
Name: GOODRICH, MARIE S  
Address: 334 N. RIVERSIDE DR.  
City-St-Zip: EDGEWATER, FL 32132

Title: T      ( ) Delete  
Name: COLLINS, MORRIS W  
Address: 898 S. MYRTLE AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T      ( ) Delete  
Name: COLLINS, TAMARA A  
Address: 8985 MYRTLE AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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:

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: TAMARA A. COLLINS

TREA

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date