2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 713829

Entity Name: TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH, INC.

Current Principal Place of Business:

5105 SCHOOL ROAD
LAND O LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

5105 SCHOOL ROAD
LAND O LAKES, FL 34638

New Mailing Address:

FEI Number: 59-1831107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVRIETT, RICHARD T.
2653 OLD COLLIER PARKWAY
LAND O LAKES, FL 33539 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:	P	( ) Delete
Name:	AVRIETT, RICHARD T.,	
Address:	2653 OLD COLLIER PKWY	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	D	( ) Delete
Name:	MCBRIDE, CHARLES E., III	
Address:	RT 1, BOX 896	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	COX, DAVID,	
Address:	5445 SHELL RD.	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	D	( ) Delete
Name:	GALSTER, BRUCE D.,	
Address:	2728 COLLIER PKWY	
City-St-Zip:	LAND O LAKES, FL 34639	

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: DAVID A. COX D 03/19/2009

Electronic Signature of Signing Officer or Director — Date