

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714339

FILED
Mar 16, 2009
Secretary of State

Entity Name: CREWSVILLE BETHEL BAPTIST CHURCH, INC.

Current Principal Place of Business:

8251 CREWSVILLE RD.
ZOLFO SPRINGS, FL 338909728 US

New Principal Place of Business:

Current Mailing Address:

8251 CREWSVILLE RD.
ZOLFO SPRINGS, FL 338909728 US

New Mailing Address:

FEI Number: 59-2116961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIPPER, CAROLYN
365 MOFFITT ROAD
ZOLFO SPRINGS, FL 33890 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: HENDRY, JACQUELINE
Address: 3367 CREWSVILLE RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: V () Delete
Name: CARLTON, VIRGINIA
Address: 3076 ST. RD. 66
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: S () Delete
Name: SKIPPER, CAROLYN
Address: 365 MOFFITT ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D () Delete
Name: STONE, CAROL
Address: 5091 CREWSVILLE ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D () Delete
Name: TYSON, MARTHA
Address: 5945 CREWSVILLE ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D () Delete
Name: MAROVICH, ALICE
Address: 8915 N. HAMMOCK ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LITTELL, ANNETTE
Address: 6990 JOHNSTON ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: ANNETTE LITTELL

D

03/16/2009

Electronic Signature of Signing Officer or Director

Date