

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714400

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE TUSCANOOGA BAPTIST CHURCH AND CEMETERY, INC.

Current Principal Place of Business:

18540 TUSCANOOGA ROAD
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

18609 TUSCANOOGA ROAD
GROVELAND, FL 34736

New Mailing Address:

P.O. BOX 725
GROVELAND, FL 34736

FEI Number: 59-2382240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, MIKE
1040 CRAWFORD RD
GROVELAND, FL 34736 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: ROZAR, JIMMY D
Address: 1747 AUSTIN MERRITT RD
City-St-Zip: GROVELAND, FL 34736

Title: T () Delete
Name: HALL, TOBY
Address: 14460 DOVE RD
City-St-Zip: MASCOTTE, FL 34753

Title: T () Delete
Name: CHAPMAN, CHUCK
Address: 16706 CR 33
City-St-Zip: GROVELAND, FL 34736

Title: TR () Delete
Name: SANFORD, STEVE
Address: 3737 INDIGO RD.
City-St-Zip: GROVELAND, FL 34736

Title: CHAI () Delete
Name: FRANKLIN, MIKE
Address: 1040 CRAWFORD RD.
City-St-Zip: GROVELAND, FL 34736

Title: S () Delete
Name: ODOM, CAROLYN L.
Address: 921 SLOANS RIDGE RD
City-St-Zip: GROVELAND, FL

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
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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: STEPHEN SANFORD

TR

03/06/2009

Electronic Signature of Signing Officer or Director

Date