

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714426

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ST. JOHNS RIVER BAPTIST ASSOCIATION, INC.

## Current Principal Place of Business:

707 LAUREL STREET  
PALATKA, FL 321775149

## New Principal Place of Business:

## Current Mailing Address:

707 LAUREL STREET  
PALATKA, FL 321775149

## New Mailing Address:

707 LAUREL ST  
PALATKA, FL 32177 US

FEI Number: 59-2123276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREAR, ASA REV  
707 LAUREL ST  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

GREEAR, ASA REV  
707 LAUREL ST  
PALATKA, FL 32177 US

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: ASA GREEAR

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SCT ( ) Delete  
Name: PATTERSON, LYDIA  
Address: 321 GENTIAN RD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: STT ( ) Delete  
Name: BENJAMIN, RODDA  
Address: 9760 MCMAHAN AVE  
City-St-Zip: HASTINGS, FL 32145

Title: D ( ) Delete  
Name: SAUNDERS, MIKE  
Address: PO BOX 365  
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete  
Name: GREEAR, ASA  
Address: 707 LAUREL ST  
City-St-Zip: PALATKA, FL 32177

Title: PD ( ) Delete  
Name: BEAUCHAMP, BARRY  
Address: 3435 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: BEAUCHAMP, BARRY REV  
Address: 3435 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change ( ) Addition  
Name: GREEAR, ASA REV  
Address: 707 LAUREL ST  
City-St-Zip: PALATKA, FL 32177

Title: PD (X) Change ( ) Addition  
Name: BEAUCHAMP, DAVID DR  
Address: 885 STATE RD 206 E  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: ASA GREEAR

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date