

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714995

FILED
Apr 09, 2009
Secretary of State

Entity Name: PINE LEVEL BAPTIST CHURCH, INC.

Current Principal Place of Business:

7844 SR 100 W
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

P O BOX 596
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-1228378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, BOBBY LEE
14995 SW 86TH WAY
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

JONES, BOBBY LEE
10769 NW CR225
STARKE, FL 32091 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:

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, OWEN
Address: 10650 CR 225
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: WAINWRIGHT, NORRIS
Address: 2466 SE CR 18
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: JONES, TIM
Address: 1511 PATMARLIN STREET
City-St-Zip: STARKE, FL 32091

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: ALVAREZ, OWEN
Address: 10650 CR 225
City-St-Zip: STARKE, FL 32091

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

Title: O (X) Change () Addition
Name: JONES, BOB
Address: 10769 NW CR225
City-St-Zip: STARKE, FL 32091

Title: O () Change (X) Addition
Name: JOHNS, JIM
Address: 18579 SW 132ND AVE
City-St-Zip: LAKE BUTLER, FL 32054

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: JIM JOHNS

O

04/09/2009

Electronic Signature of Signing Officer or Director

Date