

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715458

FILED
Feb 09, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.

Current Principal Place of Business:

97 CENTER STREET, SOUTH
BALDWIN, FL 32234

New Principal Place of Business:

Current Mailing Address:

97 CENTER STREET, SOUTH
BALDWIN, FL 32234

New Mailing Address:

FEI Number: 59-1762281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANIELS, SALLY C
119 N. CENTER ST.
BALDWIN, FL 32234 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: BARBER, JOHN
Address: 67 ORANGE AVENUE
City-St-Zip: JACKSONVILLE, FL 32234

Title: T () Delete
Name: BELL, JAMES
Address: 2603 HWY 301 NORTH
City-St-Zip: JACKSONVILLE, FL 32234

Title: T () Delete
Name: CRAFT, CARL
Address: 448 PLEASANT PINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32220

Title: T () Delete
Name: ROSIER, BARRY
Address: 8051 CHATEAU DR S
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: FUCHS, RICHARD
Address: 5124 PICKETT DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: STARLING, TERRY
Address: 15810 GIRL ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32234

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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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: SALLY C. DANIELS

T

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date