

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717450

FILED
Feb 06, 2007
Secretary of State

Entity Name: BRIDGE CREEK BAPTIST CHURCH, INC.

Current Principal Place of Business:

2560 HWY 183A
PONCE DE LEON, FL 32455 US

New Principal Place of Business:

Current Mailing Address:

2560 HWY 183A
PONCE DE LEON, FL 32455 US

New Mailing Address:

FEI Number: 59-2380190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEND, KATHY
2560 HWY 183-A
PONCE DE LEON, FL 32455 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: PD () Delete
Name: FARRIOR, R P
Address: 2567 HWY 183-A
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: NOWLING, WILLIAM
Address: 2554 HWY 183-A
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: FRIEND, GREG
Address: 2560 HWY 183-A
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: ADAMS, JACK
Address: 1053 BRIDGE CREEK
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUSHING, E H
Address: 832 GRASSY LANDING ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: () Change () Addition
Name:
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 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: GREG FRIEND

D

02/06/2007

Electronic Signature of Signing Officer or Director

Date