
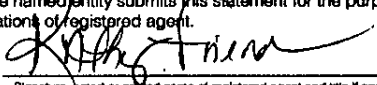
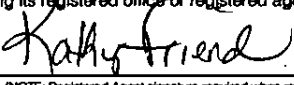
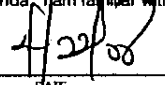
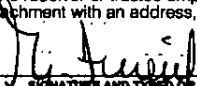

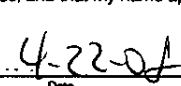
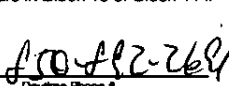


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 717450		
1. Entity Name BRIDGE CREEK BAPTIST CHURCH, INC.		
Principal Place of Business 2560 HWY 183A PONCE DE LEON, FL 32455 US		Mailing Address 2560 HWY 183A PONCE DE LEON, FL 32455 US
DO NOT WRITE IN THIS SPACE		
04112008 No Chg-NP CR2E037 (4/06)		
4. FEI Number 59-2380190		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FRIEND, KATHY 2560 HWY 183-A PONCE DE LEON, FL 32455		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/22/08		
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000920878 05/14/08-80060-021 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHING, E H 832 GRASSY LANDING ROAD PONCE DE LEON, FL 32455	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWLING, WILLIAM 2554 HWY 183-A PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEND, GREG 2560 HWY 183-A PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JACK 1053 BRIDGE CREEK PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.		
SIGNATURE:     SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-22-08 Daytime Phone # 850-492-2684