


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # 720597 1. Entity Name HAINES CREEK BAPTIST CHURCH, INC. |  |
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| Principal Place of Business 33110 COUNTY RD., #473 LEESBURG FL 34788 | Mailing Address 33110 COUNTY RD., #473 LEESBURG FL 34788 |
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|---|--|------------------------------------|---------|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt #, etc. | 4. FEI Number 59-2363167 | | |
| City & State | City & State | Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

1st MOORE CR2E037 (10/07)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent MYERS, WALLY JR 18531 TUSCANOOGA RD GROVELAND FL 34736 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|--|

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 *Wally C Myers* 3/19/08
Signature, typed or printed name of registered agent and Title (if applicable) (NOTE: Registered Agent signature is required when constituting) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | CASH, PAULA |
| STREET ADDRESS | 1430 NEW ABBEY AVE |
| CITY-ST-ZIP | LEESBURG FL 34788 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | WORFEL, BRIAN |
| STREET ADDRESS | 34110 LEE AVE |
| CITY-ST-ZIP | LEESBURG FL 34788 |
| TITLE | DV <input type="checkbox"/> Delete |
| NAME | JOHNSON, PAUL |
| STREET ADDRESS | 10415 PLEASANT VIEW DR |
| CITY-ST-ZIP | LEESBURG FL 34788 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U000000366692 |
| STREET ADDRESS | 04/08/08-80039-022 61.25 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Section 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: *Wally C Myers* 3/19/08 352742-2442