

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720869

FILED  
Aug 06, 2009  
Secretary of State

**Entity Name:** FIRST BAPTIST HILLTOP CHURCH, INC.

**Current Principal Place of Business:**

200 MAXCY DRIVE  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 936  
FROSTPROOF, FL 33843

**New Mailing Address:**

**FEI Number:** 05-0078914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HAMILTON, RANDOLPH  
11 JEFFERSON AVENUE  
FROSTPROOF, FL 33843      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: CD      ( ) Delete  
Name: SMITH, JAMES  
Address: 9 GARVEY LANE  
City-St-Zip: FROSTPROOF, FL 33843

Title: TR      ( ) Delete  
Name: LOWERY, PEARLIE  
Address: 62 LINCOLN ST  
City-St-Zip: FROSTPROOF, FL 33843

Title: S      ( ) Delete  
Name: WILSON, CHRISTINE  
Address: 50 QUEENS STREET  
City-St-Zip: FROSTPROOF, FL 33843

Title: BM      ( ) Delete  
Name: HOLLOWAY, BOBBIE  
Address: 2401 N ARCHER RD.  
City-St-Zip: AVON PARK, FL 33825

Title: T      ( ) Delete  
Name: HAMILTON, RANDOLPH  
Address: 11 JEFFERSON AVENUE  
City-St-Zip: FROSTPROOF, FL 33843

Title: T      ( ) Delete  
Name: LOWERY, WALLACE  
Address: 62 LINCOLN STREET  
City-St-Zip: FROSTPROOF, FL 33843

**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  
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 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: CHRISTINE WILSON

SECR

08/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date