


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

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 721103</b> 1. Entity Name NORTH DUNEDIN BAPTIST CHURCH, INC.	
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Principal Place of Business 1595 MICHIGAN BLVD DUNEDIN, FL 34698	Mailing Address 1595 MICHIGAN BLVD DUNEDIN, FL 34698
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01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1352385	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ALLEN, WILLIAM F. 1770 CROSS CREEK WAY WEST DUNEDIN, FL 34698
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MOORE, MYRON 486 PINWOOD DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HARDIN, HENRY 116 LAKESHORE DR. E. PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FLOURNOY, CHARLES 2019 GOLFVIEW DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERTSON, JOHN 1860 BRAEMOOR DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000724978  
01/16/08-80069-028 70.00

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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