2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721541

FILED Jan 22, 2008 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF ALTOONA, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: ALTOONA, FL 32702 **Current Mailing Address: New Mailing Address:** PO BOX 97 ALTOONA, FL 32702 FEI Number: 59-2126039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLEY, KEN DR. 18712 CR 42 ALTOONA, FL 32702 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KELLEY, KEN DR Name: Name: 18712 CR 42/PO BOX 1298 Address: Address: City-St-Zip: ALTOONA, FL 32702 City-St-Zip: Title: () Delete Title: (X) Change () Addition PAUL, HASLETT Name: GARY, ROBINSON REV Name: Address: 45626 STATE ROAD 19 Address: 42115 MAGGIE JONES RD. City-St-Zip: ALTOONA, FL 32702 City-St-Zip: PAISLEY, FL 32767 Title: () Delete Title: (X) Change () Addition GARRY, HIRSCH ROBERT, MACKEY TRUSTEE Name: Name: 66 ROSE STREET Address: Address: 52031 S.R. 19 City-St-Zip: UMATILLA, FL 32784 City-St-Zip: ALTOONA, FL 32702 (X) Change () Addition Title: () Delete Title: Name: ROBERT, MACKEY Name: JAMES, GLASS DEACON Address: 52031 SR 19 Address: PO BOX 326 ALTOONA, FL 32702 City-St-Zip: City-St-Zip: SORRENTO, FL 32776 Title: () Delete Title: (X) Change () Addition HOSIER, JOYCE HOSIER, JOYCE TREAS. Name: Name: 71 OUTLOOK ST. 42025 PINE VALLEY DRIVE Address: Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip: PAISLEY, FL 32767 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

KEN, HOBBY DEACON

41317 SILVER DRIVE

UMATILLA, FL 32784

SIGNATURE: KEN KELLEY DR. 01/22/2008

ALAN, HUDSON

42540 BIG OAK ROAD

ALTOONA, FL 32702

Name:

Address:

City-St-Zip: