

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721541

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

42226 SR 19
ALTOONA, FL 32702

New Principal Place of Business:

Current Mailing Address:

PO BOX 97
ALTOONA, FL 32702

New Mailing Address:

FEI Number: 59-2126039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, KEN DR.
18712 CR 42
ALTOONA, FL 32702 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: M () Delete
Name: KELLEY, KEN DR
Address: 18712 CR 42/PO BOX 1298
City-St-Zip: ALTOONA, FL 32702

Title: M () Delete
Name: GARY, ROBINSON REV
Address: 42115 MAGGIE JONES RD.
City-St-Zip: PAISLEY, FL 32767

Title: T () Delete
Name: ROBERT, MACKEY TRUSTEE
Address: 52031 S.R. 19
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: JAMES, GLASS DEACON
Address: PO BOX 326
City-St-Zip: SORRENTO, FL 32776

Title: T () Delete
Name: HOSIER, JOYCE TREAS.
Address: 42025 PINE VALLEY DRIVE
City-St-Zip: PAISLEY, FL 32767

Title: D () Delete
Name: KEN, HOBBY DEACON
Address: 41317 SILVER DRIVE
City-St-Zip: UMATILLA, FL 32784

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: D (X) Change () Addition
Name: ERNIE, VANGORDER DEACON
Address: 41199 PINE VALLEY DR.
City-St-Zip: PAISLEY, FL 32767

Title: T (X) Change () Addition
Name: COPELAND, LINDA TREAS.
Address: P.O. BOX 787
City-St-Zip: ALTOONA, FL 32702

Title: D (X) Change () Addition
Name: MONCADA, PAUL DEACON
Address: 19442 E. UMATILLA BLVD
City-St-Zip: UMATILLA, FL 32784

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: LINDA A. COPELAND

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

Date