2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722003

FILED Jun 15, 2009 Secretary of State

Entity Nar	me: HOLMES BAF	PTIST ASSOCIATION, INC.		
Current Principal Place of Business:			New Principal Plac	ce of Business:
402 E NOF BONIFAY,				
Current Mailing Address:			New Mailing Address:	
402 E NOF BONIFAY,				
In accordance	ce with s. 607.193(2)(b	o), F.S., the corporation did not receive	•	Certificate of Status Desired ()
Name and	Address of Curre	ent Registered Agent:	Name and Address	s of New Registered Agent:
WILKERS0 1589 HIGH WESTVILL		3		
The above in the State	named entity subm e of Florida.	nits this statement for the purpos	e of changing its registe	red office or registered agent, or both,
SIGNATUF				
	Electronic Si	gnature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delet WILKERSON, BOB 1589 HIGHWAY 185 WESTVILLE, FL 324		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delet FOX, RAY P.O.BOX 247, NA PONCE DE LEON, FI		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () Delei HODGE, IRIS MRS. 2566 KIGHT LANE BONIFAY, FL 32425		Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: TODD UNZICKER DOM 06/15/2009