

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723832

FILED
Apr 29, 2009
Secretary of State

Entity Name: FIRST AVENUE BAPTIST CHURCH OF HILLIARD, FLORIDA, INC.

Current Principal Place of Business:

27388 WEST FIRST AVENUE
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 637
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 72-3832550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VROMAN, DARRELL
27388 WEST FIRST AVENUE
HILLIARD, FL 32046 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: PCD () Delete
Name: VROMAN, DARRELL
Address: 27388 WEST FIRST AVENUE
City-St-Zip: HILLIARD, FL 32046

Title: T () Delete
Name: MORGAN, DIANE
Address: RT 1 BOX 110
City-St-Zip: FOLKSTON, GA 31537

Title: V/D () Delete
Name: BRANNAN, KENNY
Address: 28092 TEMPEST TRAIL
City-St-Zip: HILLIARD, FL 32046

Title: S () Delete
Name: VROMAN, LISA
Address: 27060 COUNTRY DR
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: JOHNSON, BRANDON R
Address: 27275 MISSOURI ST
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Delete
Name: MORGAN, WALTER
Address: RT 1 BOX 110
City-St-Zip: FOLKSTON, GA 31537

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: S (X) Change () Addition
Name: TALLEY, KEN
Address: 27566 CONNER NELSON RD
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Change () Addition
Name: MORGAN, WALTER
Address: RT 1 BOX 110
City-St-Zip: FOLKSTON, GA 31537

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: DARRELL VROMAN

PCD

04/29/2009

Electronic Signature of Signing Officer or Director

Date