

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726386

FILED
Apr 27, 2008
Secretary of State

Entity Name: FLORIDA FREE WILL BAPTIST MISSION BOARD, INC.

Current Principal Place of Business:

2248 PALMVIEW CIRCLE WEST
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

2248 PALMVIEW CIRCLE WEST
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-2351781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, THOMAS A.
2248 PALMVIEW CIRCLE WEST
AUBURNDALE, FL 33823 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: DP () Delete
Name: CHRISTIAN, JIM
Address: 1502 CAMBRIDGE DRIVE
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: COLLINS, THOMAS A.,
Address: 2248 PALMVIEW CIRCLE WEST
City-St-Zip: AUBURNDALE, FL

Title: SD () Delete
Name: STEVE BERRY,
Address: 3300 ARABIAN COURT
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: LARRY D. CLYATT,
Address: 6129 SW COUNTY ROAD 239
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: RODRIGUEZ, JOSE
Address: 39 NW 87 AVE C105
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: ALDRIDGE, JIMMY
Address: 2204 LAUREN CIRCLE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CLYATT, LARRY D
Address: 6126 SW COUNTY ROAD 239
City-St-Zip: LAKE BUTLER, FL 32054

Title: T (X) Change () Addition
Name: COLLINS, THOMAS A.,
Address: 2248 PALMVIEW CIRCLE WEST
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OWEN, TIM
Address: 1863 DUNCAN COMMUNITY ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS A. COLLINS

T

04/27/2008

Electronic Signature of Signing Officer or Director

Date