

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727572

FILED
Mar 19, 2009
Secretary of State

Entity Name: TRUSTEE CORPORATION OF RIVER ROAD BAPTIST CHURCH,INC.

Current Principal Place of Business:

21067 CR 121
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

21067 CR 121
HILLIARD, FL 32046 US

New Mailing Address:

21067 CR 121
HILLIARD, FL 32046

FEI Number: 59-1501232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIS, JOHN
19910 JAZUAR DRIVE
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: PD () Delete
Name: SMITH, NOAH,
Address: 4493 RUNAWAY COVE RD
City-St-Zip: HILLIARD, FL

Title: VD (X) Delete
Name: HODGES, DOUGLAS,
Address: 17744 CORNER RD
City-St-Zip: HILLIARD, FL

Title: D () Delete
Name: SMITH, BILL
Address: 2969 WHISPERING PINES LANE
City-St-Zip: HILLIARD, FL

Title: D (X) Delete
Name: GAY, LAURA B.,
Address: 23416 FERNWOOD DR
City-St-Zip: HILLIARD, FL

Title: D (X) Delete
Name: THOMAS, BRENDA
Address: 5180 TATER PIE LANE
City-St-Zip: HILLIARD, FL

Title: T () Delete
Name: POWELL, ANNETTE W
Address: 10902 SHERI LANE
City-St-Zip: BYCEVILLE,, FL 32009

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

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

Title: T (X) Change () Addition
Name: POWELL, ANNETTE
Address: 10902 SHERI LANE
City-St-Zip: BYCEVILLE,, FL 32009

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: ANNETTE POWELL

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date