

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 20, 2009**  
**Secretary of State**

DOCUMENT# 727572

**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**New Mailing Address:****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:**RUIS, JOHN  
19910 JAGUAR DRIVE  
HILLIARD, FL 32046 US

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: JOHN RUIS

07/20/2009

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SMITH, NOAH  
Address: 4493 RUNAWAY COVE RD  
City-St-Zip: HILLIARD, FL

Title: TRUS (X) Change ( ) Addition  
Name: MIZELL, CLYDE  
Address: 3456 TURKEY TROTT TRAIL  
City-St-Zip: HILLARD, FL 32046

Title: TRUS (X) Change ( ) Addition  
Name: NELSON, RAY  
Address: 19653 CAPITAL DRIVE  
City-St-Zip: HILLIARD, FL 32046

Title: TRUS ( ) Change (X) Addition  
Name: CHISM, MICHAEL S  
Address: 10937 HWY 185  
City-St-Zip: ST. GEORGE,, GA 31562

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: NOAH SMITH

PRES

07/20/2009

Electronic Signature of Signing Officer or Director

Date