

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729886

FILED  
May 05, 2008  
Secretary of State

Entity Name: FIRST BAPTIST CHURCH IN THE PINES, INC.

**Current Principal Place of Business:**

727 N SHORE RD.  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

727 N SHORE RD.  
NOKOMIS, FL 34275 US

**New Mailing Address:**

FEI Number: 59-1693504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MORRISON, RAYMOND E  
727 SHORE ROAD  
NOKOMIS, FL 34275 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: T      ( ) Delete  
Name: MORRISON, RAYMOND E  
Address: 727 SHORE RD  
City-St-Zip: NOKOMIS, FL 34275

Title: T      ( ) Delete  
Name: MORRISON, PATTI  
Address: 727 SHORE RD  
City-St-Zip: NOKOMIS, FL 34275

Title: T      ( ) Delete  
Name: ANDERSON, JUANITA  
Address: 727 SHORE ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: T      ( ) Delete  
Name: HIGGINS, RONALD  
Address: 727 SHORE ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: T      ( ) Delete  
Name: SOUTHWORTH, JAMES  
Address: 727 SHORD RD  
City-St-Zip: NOKOMIS, FL 34275

**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: T      (X) Change ( ) Addition  
Name: REYNOLDS, WALTER  
Address: 727 SHORE ROAD  
City-St-Zip: NOKOMIS, FL 34275

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: PATTI MORRISON

T

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date