2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 730551

Entity Name: THE FIRST BAPTIST CHURCH OF WEIRSDALE, FLORIDA, INC.

Current Principal Place of Business:

13725 SE 164 ST
BOX 606
WEIRSDALE, FL 32195

New Principal Place of Business:

13725 SE 164 ST
WEIRSDALE, FL 32195

Current Mailing Address:

13725 SE 164 ST
BOX 606
WEIRSDALE, FL 32195

New Mailing Address:

13725 SE 164 ST
WEIRSDALE, FL 32195

FEI Number: 59-1575841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLINGSWORTH
16987 SE 155 AVE
WEIRSDALE, FL 32195 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: DC ( ) Delete
Name: HOLLINGSWORTH, WILLIAM F
Address: 16987 SE 155 AVE
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete
Name: BIELLING, J.D.
Address: 14455 SE 155TH ST
City-St-Zip: WEIRSDALE, FL 32195

Title: DT ( ) Delete
Name: HOLLINGSWORTH, EMMA
Address: 16987 SE 155 AVE
City-St-Zip: WEIRSDALE, FL 32195

Title: S ( ) Delete
Name: SANFORD, IRENE
Address: 14430 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195

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:

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: EMMA HOLLINGSWORTH DT 04/26/2009
Electronic Signature of Signing Officer or Director — Date