

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730801

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: FAULKENBURG ROAD BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

INTERSECT. OF CTY. RD. 579 & VALENCIA DR  
4823 PRESIDENTIAL STREET  
SEFFNER, FL 33584 US

**New Principal Place of Business:**

**Current Mailing Address:**

INTERSECT. OF CTY. RD. 579 & VALENCIA DR  
4823 PRESIDENTIAL STREET  
SEFFNER, FL 33584 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

BLACKSTONE, JAMES D  
4823 PRESIDENTIAL STREET  
SEFFNER, FL 33584 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: BLACKSTONE, JAMES D  
Address: 4823 PRESIDENTIAL ST.  
City-St-Zip: SEFFNER, FL 33584

Title: VDTD ( ) Delete  
Name: BLACKSTONE, THELMA  
Address: 4823 PRESIDENTIAL STREET  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: BLUEFELD, BARBARA  
Address: 1419 GULF STREAM CIRCLE APT 201  
City-St-Zip: BRANDON, FL 33511

**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:

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: JAMES D. BLACKSTONE

PD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date