2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733243

FILED Jan 12, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF BELLEVIEW, INC.

Current Principal Place of Business: New Principal Place of Business:

6107 S.E. AGNEW RD. 6107 S.E. AGNEW RD. BELLEVIEW, FL 32620 BELLEVIEW, FL 34420

Current Mailing Address: New Mailing Address:

6107 S.E. AGNEW RD. 6107 S.E. AGNEW RD. BELLEVIEW, FL 32620 BELLEVIEW, FL 34420

FEI Number: 59-0965139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PERRY, J. A.
6109 SE AGNEW STREET
BELLEVIEW, FL 32620 US

PERRY, J. A.
6107 SE AGNEW STREET
BELLEVIEW, FL 34420 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

0.001.000

SIGNATURE: J.A.PERRY 01/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

in the State of Florida.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 PERRY, J A
 Name:
 PERRY, J A

 Address:
 6107 SE AGNEW ST
 6107 SE AGNEW ST

 City-St-Zip:
 BELLEVIEW, FL
 34420

Title: D () Delete Title: () Change () Addition Name: KING, GREG Name:

 Name:
 KING, GREG
 Name:

 Address:
 6107 SE AGNEW ST
 Address:

 City-St-Zip:
 BELLEVIEW, FL 34420
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: BLACKMON, ORAL, Name: BLACKMON, ORAL

Address: 6107 SE AGNEW ST Address: 6107 SE AGNEW ST City-St-Zip: BELLEVIEW, FL 34420

Title: M () Delete Title: M (X) Change () Addition

 Name:
 MARCELL, ALKENS J
 Name:
 FITZGERALD, SARAH

 Address:
 6107 SE AGNEW RD
 Address:
 6107 SE AGNEW RD

 City-St-Zip:
 BELLEVIEW, FL 34420
 City-St-Zip:
 BELLEVIEW, FL 34420

Title: M () Delete Title: () Change () Addition

 Name:
 WALKER, RONALD
 Name:

 Address:
 6107 SE AGNEW RD
 Address:

 City-St-Zip:
 BELLEVIEW, FL 34420
 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: J.A. PERRY PD 01/12/2009