

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736473

FILED
Jan 15, 2009
Secretary of State

Entity Name: VILLAGE BAPTIST CHURCH OF DESTIN, INC.

Current Principal Place of Business:

101 MATTHEW BLVD
DESTIN, FL 325400968 US

New Principal Place of Business:

Current Mailing Address:

101 MATTHEW BLVD
DESTIN, FL 325400968 US

New Mailing Address:

FEI Number: 59-1734759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIES, STEVEN A DR.
311 WALTON WAY
DESTIN, FL 325508252 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: D () Delete
Name: ODEN, BARRY
Address: 313 TEQUESTA DR
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: DAVIES, STEVEN A DR.
Address: 311 WALTON WAY
City-St-Zip: DESTIN, FL 325508252

Title: VD () Delete
Name: BROWN, LOREN T
Address: 322 STARLING CT.
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: POWELL, JR, GILLIS
Address: 175 RIDGE LAKE RD
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: ASKEW, VANCE
Address: 22 INDIAN BAYOU DR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: DR. STEVEN A DAVIES

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date