

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 25, 2009
Secretary of State**

DOCUMENT# 736994

Entity Name: PINEY GROVE PRIMITIVE BAPTIST CHURCH OF CHRIST, INC.

Current Principal Place of Business:

3100 N. 31ST STREET & AVE. S
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3601
FT. PIERCE, FL 34948

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:

WALKER, FARRIS
108 DEVONSHIRE DR.
FT. PIERCE, FL 34946 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: DIXON, MARK
Address: 1215 AVENUE G
City-St-Zip: FT. PIERCE, FL 34946

Title: D () Delete
Name: MOORER, CONNER
Address: 2210 N. 23RD STREET
City-St-Zip: FT. PIERCE, FL 34946

Title: D () Delete
Name: GANDY, EDWARD
Address: 1406 N. 35TH STREET
City-St-Zip: FT. PIERCE, FL 34947

Title: D () Delete
Name: WALKER, FARRIS
Address: 108 DEVONSHIRE DR.
City-St-Zip: FT. PIERCE, FL 34946

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: FARRIS WALKER

D

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date