

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737083

FILED
Apr 02, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF WILDWOOD, INC.

Current Principal Place of Business:

402 OXFORD STREET
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

402 OXFORD STREET
WILDWOOD, FL 34785

New Mailing Address:

402 OXFORD ST
WILDWOOD, FL 34785

FEI Number: 59-1384643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUBER, RUTH A
4898 COUNTY ROAD 114
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

COLEMAN, BRIAN
2227 CR 243-C
WILDWOOD, FL 34785 US

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: BRIAN COLEMAN

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATTAWAY, CRAIG S
Address: 313 HALL STREET
City-St-Zip: WILDWOOD, FL 34785

Title: VP () Delete
Name: LUCAS, CHARLES
Address: 4661 COUNTY ROAD 103-G
City-St-Zip: OXFORD, FL 34484

Title: S () Delete
Name: SUBER, RUTH A
Address: 4898 COUNTY ROAD 114
City-St-Zip: WILDWOOD, FL 34785

Title: T () Delete
Name: COLEMAN, BRIAN
Address: 2227 CR 243-C
City-St-Zip: WILDWOOD, FL 34484

Title: D () Delete
Name: WILLIAMS, GARY
Address: 3233 E C 466
City-St-Zip: OXFORD, FL 34484

Title: S () Delete
Name: TYLER, SARAH L
Address: 356 CARRIAGE LANE
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ATTAWAY, CRAIG S
Address: 313 HALL STREET
City-St-Zip: WILDWOOD, FL 34785

Title: VD (X) Change () Addition
Name: LUCAS, CHARLES
Address: 4661 COUNTY ROAD 103-G
City-St-Zip: OXFORD, FL 34484

Title: S (X) Change () Addition
Name: LAWSON, DIANE
Address: 1000 DAVENPORT DR
City-St-Zip: THE VILLAGES, FL 32162

Title: TD (X) Change () Addition
Name: COLEMAN, BRIAN
Address: 2227 CR 243-C
City-St-Zip: WILDWOOD, FL 34484

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: BRIAN COLEMAN

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date