


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90001 019 ****61.25

DOCUMENT # 737232
 1. Entity Name
MOSS BLUFF BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
17515 SE 95 ST RD **17515 SE 95 ST RD**
OCKLAWAHA, FL 32179 US **OCKLAWAHA, FL 32179 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40115000



08092008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2156637** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH, JAMES M. JR.
9 N.E. FIRST AVENUE
OCALA, FL 32670

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME WOLF, JAY
 STREET ADDRESS 2020 SE 172 TER
 CITY-ST-ZIP SILVER SPRINGS., FL 34488

TITLE T Change Addition
 NAME MELVIN HARRELSON
 STREET ADDRESS 9360 S.E. 192 AVE.
 CITY-ST-ZIP OCKLAWAHA, FL 32179

TITLE VD Delete
 NAME SCHWENDER, HARRY
 STREET ADDRESS 6611 SE 166 AVE.
 CITY-ST-ZIP OCKLAWAHA, FL 32179

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SO Delete
 NAME GARDNER, LYNDA
 STREET ADDRESS 11280 SE 189 TERR
 CITY-ST-ZIP OCKLAWAHA, FL 32179

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME MOBLEY, KENT
 STREET ADDRESS 12076 SE 87 CT
 CITY-ST-ZIP BELLEVIEW, FL 34420

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Darlena Webb* **DARLENA WEBB** 8-12-08 352-288-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #