

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737579

FILED
Apr 08, 2009
Secretary of State

Entity Name: BIBLE BAPTIST CHURCH OF SHADY HILLS, INC.

Current Principal Place of Business:

15901 LITTLE RANCH RD.
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11061
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 59-1700657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGGRAFF, ANDREW
10432 CLARION ST.
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

VACCA, ROBERT PASTOR
4434 KNOLLCREST CT
SPRING HILL, FL 34609 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: ROBERT VACCA

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, ROBLEY N
Address: 4590 CRESCENT
City-St-Zip: SPRING HILL, FL

Title: D () Delete
Name: BURGGRAFF, DAVID
Address: 4250 BADECLAIR CT
City-St-Zip: BROOKSVILLE, FL 34604

Title: T () Delete
Name: MORRISON, CLARINDA
Address: 17926 NICKS DR.
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: PRITCHARD, STEVE
Address: 7398 ALOW DR.
City-St-Zip: SPRING HILL, FL 34607

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: ROBERT VACCA

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date