

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738322

FILED
Apr 13, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF CHIPLEY, FLORIDA, CORPORATION

Current Principal Place of Business:

1300 SOUTH BLVD
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 643
CHIPLEY, FL 32428 US

New Mailing Address:

PO BOX 643
CHIPLEY, FL 32428

FEI Number: 59-6031690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLEY, GERALD
1282 B CHURCH AVE
CHIPLEY, FL 32428 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: PT () Delete
Name: HOLLEY, GERALD
Address: PO BOX 268
City-St-Zip: CHIPLEY, FL 32428

Title: SDT () Delete
Name: COLEMAN, CRAYTON
Address: 2271 HIGHWAY 77
City-St-Zip: CHIPLEY, FL 32428

Title: DT () Delete
Name: LASETER, MAX
Address: 1241 DRAGONFLY LANE
City-St-Zip: CHIPLEY, FL 32428

Title: DT () Delete
Name: CHRISTMAS, BRUCE
Address: 1916 PALMVIEW ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: DT () Delete
Name: WOOD, DENNIS
Address: 572 ALFORD RD
City-St-Zip: CHIPLEY, FL 32428

Title: DT () Delete
Name: WHITCOMB, WILLARD
Address: 233 HIGHWAY 273
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: OWENS, GEROGE
Address: 1712 BEDIE
City-St-Zip: CHIPLEY, FL 32428

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

Title: DT (X) Change () Addition
Name: TOOLE, PRESTON
Address: 835 SUNDAY RD
City-St-Zip: CHIPLEY, FL 32428

Title: SDT (X) Change () Addition
Name: WOOD, DENNIS
Address: 572 ALFORD RD
City-St-Zip: CHIPLEY, FL 32428

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: DANIEL A COLLETTI

ADM

04/13/2009

Electronic Signature of Signing Officer or Director

Date