

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739834

FILED
Feb 03, 2009
Secretary of State

Entity Name: LAKE ELLEN BAPTIST CHURCH, INC.

Current Principal Place of Business:

4495 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

4495 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-1767647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHN, BOB
235 LONG LEAF DR
CRAWFORDVILLE, FL 32327m US

Name and Address of New Registered Agent:

VAUGHN, BOB
235 LONG LEAF DR
CRAWFORDVILLE, FL 32327 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:

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR () Delete
Name: WALLS, GENE
Address: 223 LONNIE RAKER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: BRUCE, LARRY
Address: 2900 COASTAL HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: COLVIN, FULTON JEROME
Address: 49 EMMETT WHALEY RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TC () Delete
Name: VAUGHN, BOB
Address: 235 LONG LEAF DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TR () Delete
Name: STRICKLAND, MARY
Address: 30 EQUINE DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: HAYS, DAN
Address: 329 BOSMIC PRT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WALLS, GENE
Address: 223 LONNIE RAKER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T (X) Change () Addition
Name: FLETCHER, JOHN
Address: 356 BOSTIC PELT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: T (X) Change () Addition
Name: STRICKLAND, MARTY
Address: 30 EQUINE DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T (X) Change () Addition
Name: HAYS, DAN
Address: 329 BOSTIC PELT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: BOB VAUGHN

TC

02/03/2009

Electronic Signature of Signing Officer or Director

Date