

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740495

FILED
Mar 19, 2009
Secretary of State

Entity Name: FELLOWSHIP BAPTIST CHURCH, INC.

Current Principal Place of Business:

5223 HIGHWAY 90
MILTON, FL 32571

New Principal Place of Business:

Current Mailing Address:

5223 HIGHWAY 90
MILTON, FL 32571

New Mailing Address:

FEI Number: 59-2469441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, CHARLES N
5036 GUERNSEY ROAD
MILTON, FL 32571 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: P () Delete
Name: MUNOZ, FELIX
Address: 5223 HWY 90
City-St-Zip: PACE, FL 32571

Title: S () Delete
Name: MUNOZ, DEBBIE
Address: 5654 MILLIGAN FORD ROAD
City-St-Zip: MILTON, FL 32571

Title: TD () Delete
Name: BOWMAN, CHARLES N
Address: 5056 GURNSEY RD.
City-St-Zip: MILTON, FL 32571

Title: D () Delete
Name: HOUSE, TED,
Address: 5647 CAMELLIA AVE
City-St-Zip: PENSACOLA, FL 32520

Title: D () Delete
Name: STRICKLAND, H H
Address: 4217 QUEENS COURT
City-St-Zip: MILTON, FL 32571

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:

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: CHARLES N BOWMAN

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date