

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741522

FILED
Apr 19, 2009
Secretary of State

Entity Name: THE FIRST SEVENTH DAY BAPTIST CHURCH OF GOD OF PUTNAM COUNTY, FLORIDA, INC.

Current Principal Place of Business:

125 CARRAWAY MAIL RT RD
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

535 STATE ROAD 100
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-1895582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOB, MATTHEW W
4387 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224 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: D () Delete
Name: PRICE, JAMES A.
Address: 541 STATE RD 100
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: JACOB, CAROLYN
Address: 4387 RIPKEN CIR WEST
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: FLINT, BONNIE
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: CROUCH, GRACE
Address: 543 STATE RD 100
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: FLINT, JOSIAH P JR
Address: 535 STATE RD 100
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: PRICE, GAIL
Address: 541 S.R. 100
City-St-Zip: PALATKA, FL 32177

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: D (X) Change () Addition
Name: MARLOWE, WEBSTER
Address: 120 KIRKLAND STREET
City-St-Zip: PALATKA, FL 32177

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: BONNIE FLINT

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date