

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742118

FILED
Jan 08, 2009
Secretary of State

Entity Name: ORANGE BLOSSOM BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

2699 NORTH AMARYLLIS ROAD
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

2699 NORTH AMARYLLIS ROAD
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 59-6174978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLAND, GAYLON D REV
4131 DURANGO AVENUE
SEBRING, FL 33872 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: SDC () Delete
Name: BAREFIELD, JANICE,
Address: 1611 N PALM DR
City-St-Zip: AVON PARK, FL 33825

Title: T () Delete
Name: GILMORE, MARY O.,
Address: 208 S 11TH AVE.
City-St-Zip: WAUCHULA, FL 33873

Title: PD () Delete
Name: BLAND, JAMES L REV
Address: 25 FOREST HILL COURT
City-St-Zip: AVON PARK, FL 33825

Title: VD () Delete
Name: GEREN, KENNETH G REVW
Address: 920 MEMORIAL DR
City-St-Zip: AVON PARK, FL 33825

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: VD (X) Change () Addition
Name: GEREN, KENNETH G REV
Address: 920 MEMORIAL DR
City-St-Zip: AVON PARK, FL 33825

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: MARY O GILMORE

T

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date