## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 746465**

Apr 23, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF LAKE PANASOFFKEE, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

802 HWY 470

LAKE PANASOFFKEE, FL 33538

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1495

LAKE PANASOFFKEE, FL 33538

FEI Number: 59-1721008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

KING, R. JON MIZELL, WILLIAM

802 HWY 470 1082 COUNTY ROAD 467

US LAKE PANASOFFKEE, FL 33538 LAKE PANASOFFKEE, FL 33538 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: WILLIAM MIZELL 04/23/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

KING, R. JON MIZELL, WILLIAM Name: Name: 1082 COUNTY ROAD 467 Address: P.O. BOX 356 Address:

City-St-Zip: LAKE PANASOFFKEE, FL 33538 LAKE PANASOFFKEE, FL 33538 City-St-Zip:

Title: Title:

(X) Change ( ) Addition () Delete JONES, LEON Name: JONES, LEON Name:

Address: P.O. BOX 1196 Address: P.O. BOX 1196

City-St-Zip: LAKE PANASOFFKEE, FL 33538 City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Delete Title: () Change () Addition

JERNIGAN, DONALD Name: Name:

Address: 4878 CR 309A Address: City-St-Zip: LAKE PANASOFFKEE, FL 33538 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: MIZELL, WILLIAM Name: ROGERS, LESLIE A

Address: P.O. BOX 356 Address: 324 E, C48

LAKE PANASOFFKEE, FL 33538 City-St-Zip: City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Delete Title: () Change () Addition

REGISTER, SARAH C Name: Name: 749 CR 482 N Address: Address:

City-St-Zip: LAKE PANASOFFKEE, FL 33538 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: WILLIAM MIZELL Ρ 04/23/2009