## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746956** 

Apr 22, 2009 Secretary of State

Entity Name: BILLORY BAPTIST CHURCH, HOLLEY-NAVARRE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8162 STILLWATER COVE NAVARRE, FL 325666407 **Current Mailing Address: New Mailing Address:** 8162 STILLWATER COVE NAVARRE, FL 325666407 FEI Number: 59-1786306 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNIGHT, MICHAEL V 7843 PLÉASANT OAK AVE NAVARRE, FL 32566 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KNIGHT, MICHAEL V Name: Name: 7843 PLEASANT OAK AVE Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: FLODA, JERRY Name: Address: 2763 MUMFIELD DRIVE Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LINCOLN, WENDY SKINNER, LEANDRA Name: Name: 28B OH HARVELL 2927 HOLLEY POINT RD Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566 Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition SUPRINGER, PATRICIA L Name: Name: SUPINGER, PATRICIA L 3630 TIGER POINT BLVD Address: 3991 WAND BASIN RD. Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: GULF BREEZE, FL 32563

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: DOUGLAS GILMORE PO 04/22/2009