

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747892

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF FT. MCCOY, INC.

**Current Principal Place of Business:**

11350 NE HWY 316  
FORT MC COY, FL 321340480 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 480  
FT. MCCOY, FL 321340480 US

**New Mailing Address:**

FEI Number: 59-2125975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HESS, MARION  
14887 N.E. 110 CT. RD.  
FT MCCOY, FL 32134 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: PD ( ) Delete  
Name: HESS, MARION  
Address: 14887 NE 110 CT. RD.  
City-St-Zip: FORT MC COY, FL 32134

Title: STD ( ) Delete  
Name: MELIN, PAUL  
Address: 10700 NE 142ND PLACE.  
City-St-Zip: FT MCCOY, FL 32134

Title: VPD ( ) Delete  
Name: DEAS, GENE  
Address: 15201 NE 111 CT  
City-St-Zip: FORT MC COY, FL 32134

Title: D ( ) Delete  
Name: COOK, BONNIE  
Address: 11600 NE HWY 316  
City-St-Zip: FORT MC COY, FL 32134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DEAS, GENE  
Address: 15201 NE 111 CT.  
City-St-Zip: FORT MC COY, FL 32134

Title: VPD (X) Change ( ) Addition  
Name: PADGETT, WILLIAM  
Address: 14596 NE 113 TERR  
City-St-Zip: FT MCCOY, FL 32134

Title: STD (X) Change ( ) Addition  
Name: COOK, BONNIE  
Address: 11600 NE HWY 316  
City-St-Zip: FORT MC COY, FL 32134

Title: D (X) Change ( ) Addition  
Name: JONES, DAVE  
Address: 14850 NE 113 TERR  
City-St-Zip: FORT MC COY, FL 32134

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 PADGETT

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date