2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 749117

Entity Name: FIRST BAPTIST CHURCH OCHLOCKONEE BAY, FLORIDA, INC.

Current Principal Place of Business:

366 COASTAL HWY
BOX 444
PANACEA, FL 32346 US

New Principal Place of Business:

366 COASTAL HWY
PANACEA, FL 32346 US

Current Mailing Address:

P O BOX 444
PANACEA, FL 32346 US

New Mailing Address:

FEI Number: 59-2351495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSEY, KELLIE
7 BEASLEY RD
SOPCHOPPY, FL 32358 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: PDT ( ) Delete
Name: WILSEY, KELLIE
Address: POB 251
City-St-Zip: SOPCHOPPY, FL 32358

Title: D ( ) Delete
Name: NISWANDER, PHIL
Address: 70 TWEEDIES PLACE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: HALLSTROM, LARRY
Address: 173 CENTER ST
City-St-Zip: PANACEA, FL 32346

Title: C ( ) Delete
Name: STOKELY, LAVERNE
Address: PO BOX 1
City-St-Zip: PANACEA, FL 32346

Title: D ( ) Delete
Name: CHUNN, JAMES D SR
Address: P.O. BOX 7393
City-St-Zip: TALLAHASSEE, FL 32314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HALLSTROM, LARRY
Address: 96 KASEY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: KELLIE E WILSEY PDT 02/23/2009
Electronic Signature of Signing Officer or Director — Date