## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 749224**

FILED Apr 27, 2009 Secretary of State

Entity Name: ARIPEKA BAPTIST CHURCH, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
O. BOX	IPEKA RD. : 38 , FL 34679	18731 ARIPEKA RD. ARIPEKA, FL 34679		
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
O. BOX	IPEKA RD. . 38 , FL 34679			
El Numbei	r: 59-1943445 FEI Number Applied For ( )	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	d Address of Current Registered Agen	t: Name and Address	of New Registered Agent:	
he above		the purpose of changing its registere	ed office or registered agent, or both,	
IGNATU	IRE:			
SIGNATU	IRE: Electronic Signature of Registered	d Agent	Date	
			Date ES TO OFFICERS AND DIRECTOR	
	Electronic Signature of Registered			
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	Electronic Signature of Registered RS AND DIRECTORS:  D () Delete RADER, MARK 13402 LAWRENCE STREET	ADDITIONS/CHANG  Title: Name: Address:	ES TO OFFICERS AND DIRECTOR	
OFFICER itle: ame: ddress:	Electronic Signature of Registered  RS AND DIRECTORS:  D ( ) Delete RADER, MARK 13402 LAWRENCE STREET SPRINGHILL, FL  D ( ) Delete SIMS, JOHN 14296 PULLMAN DR	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	
tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	Electronic Signature of Registered  RS AND DIRECTORS:  D () Delete RADER, MARK 13402 LAWRENCE STREET SPRINGHILL, FL  D () Delete SIMS, JOHN 14296 PULLMAN DR SPRING HILL, FL 34606  S () Delete GEIGER, LOUISE 18740 ROSEMARY RD	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

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: CAROL WHITE TREA 04/27/2009