2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 749640

Entity Name: FAIR HAVEN BAPTIST CHURCH OF ZEPHYRHILLS, INC.

Current Principal Place of Business:

34927 EILAND BLVD.
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

P O BOX 1939
ZEPHYRHILLS, FL 33539

New Mailing Address:

34927 EILAND BLVD.
ZEPHYRHILLS, FL 33541

FEI Number: 90-0333625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, MICHAEL J
5929 BUTTON FLOWER COURT
ZEPHYRHILLS, FL 33541 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:	P	( ) Delete
Name:	SMITH, MICHAEL J	
Address:	5929 BUTTON FLOWER COURT	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	S	( ) Delete
Name:	MASON, LINDA	
Address:	36427 KEYSTONE AVE.	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	T	( ) Delete
Name:	THURSTON, TIMOTHY	
Address:	2709 SPARKMAN RD	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	T	( ) Delete
Name:	WHITE, WAYNE	
Address:	6733 BLUFF MEADOW CT	
City-St-Zip:	ZEPHYRHILLS, FL 33544	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LINDA MASON SECR 02/11/2009

Electronic Signature of Signing Officer or Director — Date