

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751311

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF PUNTA GORDA, INC.

**Current Principal Place of Business:**

459 GILL STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

459 GILL STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

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

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

GOFF, LONNIE  
5235 BLACKJACK CIR  
PUNTA GORDA, FL 33982 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: GOFF, LONNIE  
Address: 5235 BLACKJACK CIR  
City-St-Zip: PUNTA GORDA, FL 33982

Title: T ( ) Delete  
Name: MURRAY, JOYCE  
Address: 2601 CHAPMAN BLVD.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: DS ( ) Delete  
Name: HINDMAN, WILENA  
Address: 515 W OLYMPIA AVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: DEES, BENNY  
Address: 11768 DALLAS DRIVE  
City-St-Zip: LAKE SUZY, FL 34269

**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: LONNIE GOFF

PD

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date