2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755155

FILED May 01, 2009 Secretary of State

Entity Name: STARKE LAKE BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 611 N WEST STREET 611 N WEST STREET P O BOX 520 OCOEE, FL 34761 OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** 611 N WEST STREET P O BOX 520 OCOEE, FL 34761 FEI Number: 59-1455647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAGILL, PATRICK M 2110 EÁST ROBINSON US ORLANDO, FL 32803 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOSLEY, FRED Name: Name: 844 WESTCLIFFE DRIVE Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: Title: (X) Change () Addition () Delete CALHOUN, BILL Name: CALHOUN, BILL Name: Address: 702 CANMEN DR Address: 702 CARMEN DR City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 Title: TRC () Delete Title: TRC (X) Change () Addition SKIPPER, BRIAN SKIPPER, BRIAN Name: Name: 651 HEARTH GLEN BLVD 651 HEARTHGLEN BLVD Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: TR () Delete Title: TR (X) Change () Addition Name: VAUGHN, MYRTLE Name: VAUGHN, MYRTLE

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

202 OCOEE HILLS RD

(X) Change () Addition

OCOEE, FL 34761

MADDOX, PAUL

1240 SANDY COVE

OCOEE, FL 34761

SIGNATURE: BRIAN SKIPPER TRC 05/01/2009

202 OCOET HILLS RD

() Delete

OCOEE, FL 34761

MADDOX, PAUL

1240 SANDY DOVE

OCOEE, FL 34761

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: