2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 758224

Entity Name: ELIAM BAPTIST CHURCH, INC.

Current Principal Place of Business:

6009 NE HAMPTON ST
MELROSE, FL 32666 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 509
MELROSE, FL 32666 US

New Mailing Address:

FEI Number: 59-1956653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARNETTE, BETTY M
13607 S.E. 9TH PLACE
GAINESVILLE, FL 32641 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:	PRES	( ) Delete
Name:	ERGLE, RICHARD N	
Address:	225 FAIRWAY DR.	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	TR	( ) Delete
Name:	CHEESEMAN, DONALD	
Address:	PO BOX 653	
City-St-Zip:	MELROSE, FL 32666	
Title:	TR	( ) Delete
Name:	PERRY, EMRA T JR.	
Address:	P.O. BOX 66	
City-St-Zip:	MELROSE, FL 32666	
Title:	TR	( ) Delete
Name:	BASS, ROY J	
Address:	22905 S.E. 65TH LANE	
City-St-Zip:	HAWTHORNE, FL 32640	
Title:	TR	( ) Delete
Name:	YOUNG, JAMES	
Address:	8007 N.E. 221 ST.	
City-St-Zip:	MELROSE, FL 32666	
Title:	S/T	( ) Delete
Name:	ARNETTE, BETTY	
Address:	13607 S.E. 9TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32641	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	HAGGLUND, CARL F	
Address:	P.O. BOX 519	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
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: BETTY M. ARNETTE S/T 04/29/2009

Electronic Signature of Signing Officer or Director — Date