

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90189 004 \*\*\*\*61.25

<b>DOCUMENT # 759097</b> 1. Entity Name <b>GREEN POND BAPTIST CHURCH, INC.</b>			
Principal Place of Business <b>5995 GREEN POND CHURCH RD POLK CITY, FL 33868 US</b>		Mailing Address <b>5995 GREEN POND CHURCH RD POLK CITY, FL 33868 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 518</b> Suite, Apt. #, etc.	
City & State <b>Polk City, FL</b>		4. FEI Number <b>59-2746033</b>	
Zip <b>33868</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BOYETT, WAYNE DALE. 6550 PA'S LANE POLK CITY, FL 33868</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>T</b> NAME <b>SAPP, THERESA</b> STREET ADDRESS <b>6040 POYNER RD</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>BEDFORD, JEFF</b> STREET ADDRESS <b>17931 COMMONWEALTH AVE N.</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>MILLER, DONALD</b> STREET ADDRESS <b>6812 FLANDERS STATION DR</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>C</b> NAME <b>MASSEY, FRIEDA</b> STREET ADDRESS <b>210 LA COMBEE DRIVE</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>WREN, PAUL</b> STREET ADDRESS <b>17476 COMMONWEALTH AVE N.</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE: Theresa M. Sapp</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/27/08 (863)984-2708</b> <small>Date Daytime Phone #</small>	