

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759097

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** GREEN POND BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

5995 GREEN POND CHURCH RD  
POLK CITY, FL 33868 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 518  
POLK CITY, FL 33868 US

**New Mailing Address:**

**FEI Number:** 59-2746033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOYETT, WAYNE DALE  
6550 PA'S LANE  
POLK CITY, FL 33868 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: T ( ) Delete  
Name: SAPP, THERESA  
Address: 6040 POYNER RD  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete  
Name: BEDFORD, JEFF  
Address: 17931 COMMONWEALTH AVE N.  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete  
Name: MILLER, DONALD  
Address: 6812 FLANDERS STATION DR  
City-St-Zip: POLK CITY, FL 33868

Title: C ( ) Delete  
Name: MASSEY, FRIEDA  
Address: 210 LA COMBEE DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: D (X) Delete  
Name: WREN, PAUL  
Address: 17476 COMMONWEALTH AVE N.  
City-St-Zip: POLK CITY, FL 33868

**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:

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: THERESA SAPP

T

02/04/2009

Electronic Signature of Signing Officer or Director

Date