## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#763023**

FILED Mar 19, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH, LYNN HAVEN, FLORIDA

Current Principal Place of Business: New Principal Place of Business:

1005 OHIO AVENUE LYNN HAVEN, FL 32444

Current Mailing Address: New Mailing Address:

1005 OHIO AVENUE LYNN HAVEN, FL 32444

FEI Number: 59-0908712 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPRADLEY, DEWEY

4413 BROOKFOREST DRIVE

PANAMA CITY, FL 32404 US

JOHNSON, MONTEL M

116 CAROLINA AVENUE

LYNN HAVEN, FL 32444 US

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: MONTEL M. JOHNSON 03/19/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MCDONALD, LUTHER W ARGENBRIGHT, BUTCH Name: Name: 1900 VERMONT AVENUE Address: 1015 VIRGINIA AVENUE Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444 Title: Title: () Change () Addition () Delete Name: GRAY, BILL Name: Address: 1220 PENNSYLVANIA AVEUNE Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NUNN, SCOTT Name: STEWART, DON Name: 305 NEW YORK AVENUE 7308 PAUL ROAD Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: PANAMA CITY, FL 32404 Title: ( ) Delete Title: (X) Change ( ) Addition ARGENBRIGHT, BUTCH Name: Name: HOLCOMBE, SUE 1015 VIRGINIA AVENUE Address: Address: 1900 VERMONT AVENUE City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444 Title: ( ) Delete Title: () Change () Addition COULLIETTE, BETH Name: Name: 1100 EAST 26TH STREET Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition PERRY, TIM STUHR TIM Name: Name: Address: 514 KENTUCKY AVENUE Address: 4010 MILANO ROAD LYNN HAVEN, FL 32444 PANAMA CITY, FL 32405 City-St-Zip: 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: MONTEL M. JOHNSON OFFI 03/19/2009