

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763074

FILED
Apr 13, 2009
Secretary of State

Entity Name: MURDOCK BAPTIST CHURCH, INC.

Current Principal Place of Business:

18375 COCHRAN BLVD.
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18375 COCHRAN BLVD.
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 59-2147569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVIGNE, JEREMY
2938 SEAN RD.
NORTH PORT, FL 34288 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: TR () Delete
Name: NEUMANN, BERNIE
Address: 2100 W. DOLPHIN DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: TR () Delete
Name: FLYNN, JOHN
Address: 25245 COMPANA ST.
City-St-Zip: PUNTA GORDA, FL 33938

Title: TR () Delete
Name: SHIPPY, TERRY
Address: 2894 JACARANDA HEIGHTS DR.
City-St-Zip: VENICE, FL 34293

Title: TR () Delete
Name: KUGLER, MEL
Address: 245 SPORTSMAN RD.
City-St-Zip: ROTUNDA WEST, FL 33947

Title: TR () Delete
Name: SMITH, WILLIAM
Address: 18439 YARBOROUGH ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TR () Delete
Name: OMERZU, MIKE
Address: 4234 ROCK CREEK DR.
City-St-Zip: PORT CHARLOTTE, FL 33948

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: TR (X) Change () Addition
Name: MILLION, PAUL
Address: 477 STRASBURG DR.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TR (X) Change () Addition
Name: BYRD, CARROLL
Address: 341 CAPATOLA ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

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: JEREMY LAVIGNE

MR.

04/13/2009

Electronic Signature of Signing Officer or Director

Date