2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 763542

Entity Name: CORA BAPTIST CHURCH, INC.

Current Principal Place of Business:

12953 HWY 197
JAY, FL 32565

New Principal Place of Business:

12953 CHUMUCKLA HWY
JAY, FL 32565

Current Mailing Address:

12953 HWY 197
JAY, FL 32565

New Mailing Address:

12953 CHUMUCKLA HWY
JAY, FL 32565

FEI Number: 59-1798812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAMOND, MICKEY
2517 CAMORS RD
JAY, FL 32565 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:	D	( ) Delete
Name:	EDWARDS, MERLIN	
Address:	2100 MINERAL SPRINGS RD	
City-St-Zip:	JAY, FL 32565	
Title:	DP	( ) Delete
Name:	NOWLING, ELTON	
Address:	3150 BUD DIAMOND ROAD	
City-St-Zip:	JAY, FL 32565	
Title:	DS	( ) Delete
Name:	EDWARDS, FRANCES	
Address:	2100 MINERAL SPRINGS RD	
City-St-Zip:	JAY, FL 32565	
Title:	T	( ) Delete
Name:	BROWN, WILLIAM M.	
Address:	13298 HWY 197	
City-St-Zip:	JAY, FL 32565	
Title:	DV	( ) Delete
Name:	COLEMAN, WADE	
Address:	1910 MINERAL SPRINGS RD	
City-St-Zip:	JAY, FL 32565	
Title:	D	( ) Delete
Name:	WADE, BRENDA	
Address:	1910 MINERAL SPRINGS RD	
City-St-Zip:	JAY, FL 32565	

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:	
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: WILLIAM M. BROWN T 04/17/2009
Electronic Signature of Signing Officer or Director — Date