

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766215

FILED
Mar 19, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH, OF ST. GEORGE ISLAND, FLORIDA, INC.

Current Principal Place of Business:

501 E BAYSHORE DR
ST GEORGE ISLAND, FL 32328 US

New Principal Place of Business:

Current Mailing Address:

501 E BAYSHORE DR
ST GEORGE ISLAND, FL 32328 US

New Mailing Address:

FEI Number: 59-2349660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMISTED, WALTER
224 FRANKLIN BLVD
ST GEORGE ISLAND, FL 32328 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: PD () Delete
Name: ARMISTED, WALTER
Address: 224 FRANKLIN BLVD
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: D () Delete
Name: ARMISTED, JOLENE
Address: 224 FRANKLIN BLVD
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: T () Delete
Name: MOSELEY, ELIZABETH
Address: 120 OLD FERRY DOCK ROAD
City-St-Zip: EASTPOINT, FL 32328

Title: S () Delete
Name: CAMPBELL, FRANCES
Address: 128 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: VD (X) Delete
Name: GUNN, OLLIE
Address: 1003 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: D (X) Delete
Name: BEAN, MARILYN
Address: 763 E GORRIE DR
City-St-Zip: ST GEORGE ISLAND, FL 32328

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: BETH MOSELEY

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date