

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768252

FILED
Jan 21, 2009
Secretary of State

Entity Name: SANTA ROSA BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

6820 HIGHWAY 87, NORTH
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6820 HIGHWAY 87, NORTH
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-2348612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, BILL
6225 ROBIN HOOD ROAD
MILTON, FL 32570 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: SMITH, ROBERT
Address: 5579 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: VD () Delete
Name: FISHER, F. M. (BUBBA,)
Address: 144 ERUDITION AVENUE
City-St-Zip: MILTON, FL

Title: SD () Delete
Name: WALLACE, BILL
Address: 6225 ROBIN HOOD ROAD
City-St-Zip: MILTON, FL 32570

Title: TD () Delete
Name: PARKER, CLIFFORD
Address: 6750 SUMMIT DR.
City-St-Zip: MILTON, FL

Title: D () Delete
Name: LUNSFORD, FERREN
Address: 3936 RANCH RD.
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: LAIRD, NORMAN,
Address: 6451 BAXLEY ROAD
City-St-Zip: MILTON, FL

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: D (X) Change () Addition
Name: LAIRD, NORMAN
Address: 6451 BAXLEY ROAD
City-St-Zip: MILTON, FL

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: CLIFFORED PARKER

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date