2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 769028

Entity Name: FIRST BAPTIST CHURCH - LAKE GARFIELD, INC.

Current Principal Place of Business:

1170 EIGHTY FOOT ROAD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1170 EIGHTY FOOT ROAD
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-2388465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DONALD H JR
BOSWELL & DUNLAP, LLP
245 SOUTH CENTRAL AVE
BARTOW, FL 33830 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:	T	( ) Delete
Name:	ODUM, CONRAD	
Address:	865 W MCLEOD ST	
City-St-Zip:	BARTOW, FL 33830	
Title:	VP	( ) Delete
Name:	HICKMAN, RON	
Address:	215 PARKWOOD AVE	
City-St-Zip:	BARTOW, FL 33830	
Title:	TS	( ) Delete
Name:	GANDY, IMOGENE	
Address:	3822 CONNERSVILLE ROAD	
City-St-Zip:	BARTOW, FL 33830	
Title:	T	( ) Delete
Name:	SEGER, EDWIN	
Address:	4045 SNELL ROAD	
City-St-Zip:	BARTOW, FL 33830	
Title:	T	( ) Delete
Name:	ANDERSON, JOHN	
Address:	P.O. BOX 1393	
City-St-Zip:	BARTOW, FL 33831	
Title:	T	( ) Delete
Name:	OWEN, LACKEY	
Address:	290 S. ORANGE AVE.	
City-St-Zip:	BARTOW, FL 33830	

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: GANDY, IMOGENE TS 01/07/2009
Electronic Signature of Signing Officer or Director — Date