

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769544

FILED
Feb 26, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH, SPARR, FLORIDA, INC.

Current Principal Place of Business:

1303 E CR 329
CITRA, FL 32113 US

New Principal Place of Business:

Current Mailing Address:

1303 E CR 329
CITRA, FL 32113 US

New Mailing Address:

FEI Number: 59-2377771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCOTT MONDAY
1303 E. HWY. 329
SPARR, FL 32192 US

Name and Address of New Registered Agent:

SCOTT MONDAY
1303 E. HWY. 329
CITRA, FL 32113 US

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

02/26/2009

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BISHOP, DICK
Address: 2821 NE 66TH STREET
City-St-Zip: OCALA, FL 34479

Title: PD () Delete
Name: DAVIS, DANIEL,
Address: 11927 NE JACKSONVILLE RD
City-St-Zip: SPARR, FL 32192

Title: TS () Delete
Name: DOWNS, AUDREY P
Address: 200 N.E. 190TH STREET, POB 68
City-St-Zip: CITRA, FL 32113

Title: TD () Delete
Name: DAVIS, WINIFRED,
Address: 11925 NE JACKSONVILLE RD
City-St-Zip: SPARR, FL 32192

Title: C () Delete
Name: TARLTON, NANCY P
Address: 211 N.E. 190TH STREET, POB 1089
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, DAN
Address: 11927 NE JACKSONVILLE RD
City-St-Zip: SPARR, FL 32192

Title: VD (X) Change () Addition
Name: CAMP, GLENN
Address: 113355 NE 44TH COURT
City-St-Zip: SPARR, FL 32192

Title: TS (X) Change () Addition
Name: DOWNS, AUDREY P
Address: 200 N.E. 190TH STREET
City-St-Zip: CITRA, FL 32113

Title: TD (X) Change () Addition
Name: GRIFFIS, EMORY
Address: 227 SW 52ND AVENUE
City-St-Zip: OCALA, FL 34474

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: AUDREY P. DOWNS

Electronic Signature of Signing Officer or Director

TD

02/26/2009

Date