2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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1. Entity Name
BAPTIST MISSIONS, INC.

Principal Place of Business	Mailing Address
7125 RIVERDALE BEND ROAD MEMPHIS, TN 38125-4442	7125 RIVERDALE BEND ROAD MEMPHIS, TN 38125-4442

01162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
62-6051080
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000797300
01/29/08-80068-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GURLEY, WILLIAM M
STREET ADDRESS	9211 SILVER LAKE DRIVE
CITY-ST-ZIP	LEESBURG, FL
TITLE	VD
NAME	FOLLOWELL, ROBERT
STREET ADDRESS	7125 RIVERDALE BEND RD
CITY-ST-ZIP	MEMPHIS, TN
TITLE	SD
NAME	BRANDENBURG, CONNIE
STREET ADDRESS	7125 RIVERDALE BEND RD
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	TD
NAME	FOLLOWELL, CHERYL
STREET ADDRESS	7125 RIVERDALE BEND RD
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	D
NAME	GURLEY, SARAH
STREET ADDRESS	9211 SILVER LAKE DRIVE
CITY-ST-ZIP	LEESBURG, FL
TITLE	D
NAME	GURLEY, LARRY
STREET ADDRESS	7125 RIVERDALE BEND RD.
CITY-ST-ZIP	MEMPHIS, TN 38125

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Brandenburg 1-21-08 (901) 755-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #