

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000230

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** INDEPENDENT BAPTIST ALLIANCE, INC.

**Current Principal Place of Business:**

18 HWY 40 EAST  
INGLIS, FL 34449

**New Principal Place of Business:**

5480 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

**Current Mailing Address:**

18 HWY 40 EAST  
INGLIS, FL 34449

**New Mailing Address:**

5480 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

**FEI Number:** 35-2110809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LONG, ROBERT  
3807 S PIGEON TERRACE  
HOMOSASSA, FL 34448 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: P ( ) Delete  
Name: LONG, ROBERT  
Address: 3807 S PIGEON TERR  
City-St-Zip: HOMOSASSA, FL 34448

Title: S ( ) Delete  
Name: ZORNES, JAMES G  
Address: 625 WEST 21 ST  
City-St-Zip: CONNERSVILLE, IN 47331

Title: V ( ) Delete  
Name: LONG, LORRAINE  
Address: 545 WASHINGTON ST BOX 641241  
City-St-Zip: BEVERLY HILLS, FL 34464

**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:

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: ROBERT LONG

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date