

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005377

FILED
Apr 30, 2008
Secretary of State

Entity Name: ASSOCIATED BAPTIST PRESS, INC.

Current Principal Place of Business:

11905 LORETTO SQUARE DRIVE
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 23769
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 58-1930302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER, GREGORY D
11905 LORETTO SQUARE DRIVE
JACKSONVILLE, FL 32257 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: TD () Delete
Name: STEPHENSON, BOB
Address: 1518 BROOKHAVEN BOULEVARD
City-St-Zip: NORMAN, OK 73072

Title: MD () Delete
Name: KNOX, MARV
Address: 975 PELICAN LANE
City-St-Zip: COPPELL, TX 75019

Title: CD () Delete
Name: VICK, ED
Address: 2205 NANCY ANN DRIVE
City-St-Zip: RALEIGH, NC 27607

Title: MD () Delete
Name: NICKELL, JIMMY
Address: 11100 WEST 120TH STREET
City-St-Zip: OVERLAND PARK, KS 62213

Title: SD () Delete
Name: DAN, HOBBS
Address: 2533 BEAURUE ROAD
City-St-Zip: NORMAN, OK 73069

Title: CEO () Delete
Name: WARNER, GREGORY D
Address: 11905 LORETTO SQUARE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: LATTIMORE, DAN
Address: 307 COLBERT STREET, EAST
City-St-Zip: COLLIERVILLE, TN 38017

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: LINDSAY BERGSTROM

DO

04/30/2008

Electronic Signature of Signing Officer or Director

Date