


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 033 ****61.25

DOCUMENT # N00000001725 1. Entity Name REFORMATION BAPTIST CHURCH, INC.			
Principal Place of Business 135 NORTH GROVE EUSTIS, FL 32726		Mailing Address PO BOX 149 TAVARES, FL 32778	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address P.O. BOX 808 Suite, Apt. #, etc. City & State EUSTIS, FL Zip 32727-0808	
Country U.S.		4. FEI Number 59-3619564 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, GORDON 5611 LENDL COURT LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D BAILEY, DAVID W PASTOR	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2631 LAKE LANDING BLVD	NAME	
STREET ADDRESS	EUSTIS, FL 32726	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JONES, GORDON	NAME	
STREET ADDRESS	5611 LENDL COURT	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	
TITLE	D.	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NICHOL, JOHN	NAME	
STREET ADDRESS	5657 DORA DR	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>John E. Nichol</i>		8 Jan 08 352 455-1044	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	