

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001725

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: REFORMATION BAPTIST CHURCH, INC.

## Current Principal Place of Business:

135 NORTH GROVE  
EUSTIS, FL 32726

## New Principal Place of Business:

135 NORTH GROVE STREET  
EUSTIS, FL 32726

## Current Mailing Address:

P.O. BOX 808  
EUSTIS, FL 327270808

## New Mailing Address:

P.O. BOX 808  
EUSTIS, FL 32727

FEI Number: 59-3619564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, GORDON  
5611 LENDL COURT  
LEESBURG, FL 34748 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: D ( ) Delete  
Name: BAILEY, DAVID W PASTOR  
Address: 2631 LAKE LANDING BLVD  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: JONES, GORDON  
Address: 5611 LENDL COURT  
City-St-Zip: LEESBURG, FL 34748

Title: D. (X) Delete  
Name: NICHOL, JOHN  
Address: 5657 DORA DR  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: BAILEY, DAVID W PASTOR  
Address: 2631 LAKE LANDING BLVD  
City-St-Zip: EUSTIS, FL 32726

Title: MR. (X) Change ( ) Addition  
Name: JONES, GORDON  
Address: 5611 LENDL COURT  
City-St-Zip: LEESBURG, FL 34748

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: DAVID W. BAILEY

DR.

01/27/2009

Electronic Signature of Signing Officer or Director

Date