

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003322

FILED
Jan 18, 2009
Secretary of State

Entity Name: NORTH HILLIARD BAPTIST CHURCH, INC.

Current Principal Place of Business:

U.S. 1 NORTH ACROSS FROM MURHEE RD.
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 308
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 59-3015245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CONNIE L
108 KRISTI CIRCLE
HILLIARD, FL 32046 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: T () Delete
Name: SMITH, ROBERT
Address: P O BOX 44
City-St-Zip: HILLIARD, FL 32046

Title: T () Delete
Name: DEKLE, MIKE
Address: 54180 POINT S DR
City-St-Zip: CALLAHAN, FL 32034

Title: T () Delete
Name: BENNIE, CORNELIUS
Address: 176 EL TERR ST
City-St-Zip: HOMELAND, FL 31537

Title: T () Delete
Name: EMERY, JUDY
Address: 54361 CHURCH RD.
City-St-Zip: CALLAHAN, FL 32011

Title: R () Delete
Name: STEWART, GARY
Address: 27412219 MURRHEE RD
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Delete
Name: SCHARHAG, KEN
Address: 309 SO. 15TH ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BENNIE, CORNELIUS
Address: 176 EL TERRACE ST.
City-St-Zip: HOMELAND, GA 31537

Title: T (X) Change () Addition
Name: KEN, SCHARGAG
Address: 309 SO. 15TH ST.
City-St-Zip: FERNANDIAN BEACH, FL 32034

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

Title: T (X) Change () Addition
Name: CORNELIUS, BENNIE F
Address: 173 EL TERRACE ST.
City-St-Zip: HOMELAND, GA 31537

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: CONNIE L. JOHNSON

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date