

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2009
Secretary of State**

DOCUMENT# N00000005832

Entity Name: MORRISTON BAPTIST CHURCH, INC.

Current Principal Place of Business:

20291 SE 33RD ST
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

20291 SE 33RD ST
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 59-2704734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASON, JIM
20750 E LEVY STREET
WILLISTON, FL 32696 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: PD () Delete
Name: CASON, JAMES W SR
Address: 1021 SE 8TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: DAMANN, EARL
Address: 2590 SE 150TH AVENUE
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: NORRIS, CLARENCE
Address: 11750 SE 25TH STREET
City-St-Zip: MORRISTON, FL 32668

Title: D (X) Delete
Name: CORBETT, THERON
Address: 1 SADDLE DRIVE
City-St-Zip: OCALA, FL 34482

Title: T () Delete
Name: CASON, JIM
Address: 20750 E. LEVY ST.
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: BAKER, BETTY L
Address: 15631 NE 46TH ST
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORBETT, THERON
Address: 1 SADDLE DRIVE
City-St-Zip: OCALA, FL 34482

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

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

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

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

Title: S (X) Change () Addition
Name: WOODS, MAUREEN
Address: 7091 SE 123RD TERRACE
City-St-Zip: MORRISTON, FL 32668

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: JIM CASON

RA

02/09/2009

Electronic Signature of Signing Officer or Director

Date