

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005832

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**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  
Name: CASON, JAKE  
Address: 1031 SE 8TH STREET  
City-St-Zip: WILLISTON, FL 32696

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JIM CASON

TREA

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date