## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000217

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LAUREL HILL, FL 32567

COLLINGSWORTH, EARL

126 STEPHENS LANE

CRESTVIEW, FL 32539

() Delete

Entity Name: YELLOW RIVER BAPTIST CHURCH, INC.

FILED Mar 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 799 YELLOW RIVER BAPTIST CHURCH RD. BAKER, FL 32531 US **Current Mailing Address: New Mailing Address:** 2639 HIGHWAY 2 **BAKER, FL 32531** US FEI Number: 59-3685095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKER, JAMES E 4693 LOVEGRASS LANE CRESTVIEW, FL 32539 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition PARKER, JAMES E Name: Name: 4693 LOVEGRASS LANE Address: Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition Name: DAVIDSON, LEWIS Name: Address: 2639 HIGHWAY 2 Address: City-St-Zip: BAKER, FL 32531 City-St-Zip: Title: () Delete Title: () Change () Addition BARROW, MIKE Name: Name: 8600 STEWART ROAD Address: Address: City-St-Zip: **BAKER, FL 32531** City-St-Zip: Title: ( ) Delete Title: () Change () Addition MASON, TONY Name: Name: 7425 PAPPA LAWRENCE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E. PARKER P 03/23/2008

() Change () Addition