## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01349

FILED Jan 16, 2009 Secretary of State

Entity Name: BAKER CHURCH OF CHRIST, INC. **Current Principal Place of Business: New Principal Place of Business:** % GLENN HOWZE % GLENN HOWZE PO BOX 285 HWY #4 5761 HWY #4 **BAKER, FL 32531 BAKER, FL 32531 Current Mailing Address: New Mailing Address:** % GLENN HOWZE PO BOX 285 HWY #4 **BAKER, FL 32531** FEI Number: 59-3018522 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: HOWZE, GLENN P 5819 JAĆK STAKES RD. BAKER, FL 32531 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: () Change () Addition () Delete HOWZE, DAVID, Name: Name: Address: 6156 HOLLOWAY RD Address: City-St-Zip: BAKER, FL City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition Name: DERRICK, L. WILFRED, Name: Address: 4686 MIDDLEBROOKS RD Address: City-St-Zip: HOLT, FL City-St-Zip: Title: () Delete Title: () Change () Addition HOWZE, LYNN H., Name: Name: 5409 HWY 4 Address: Address: City-St-Zip: BAKER, FL 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: L. WILFRED DERRICK SD 01/16/2009