2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003683

FILED Jan 26, 2009 Secretary of State

Entity Name: WEST MARION BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 6001 NW 135TH AVE. MORRISTON, FL 32668 **Current Mailing Address: New Mailing Address:** 6001 NW 135TH AVE MORRISTON, FL 32668 FEI Number: 59-2890435 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: RAGSDALE, GEORGE M 6001 NW 135TH AVE. MORRISTON, FL 32668 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: () Change () Addition () Delete RAGSDALE, GEORGE M Name: Name: 6001 NW 135TH AVE Address: Address: City-St-Zip: MORRISTON, FL 32668 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HOFF, ANDREA Name: Address: 2100 NW 150TH AVE Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: Title: () Delete Title: () Change () Addition BERTRAND, ARMAND Name: Name: Address: 19291 SE 21ST PL Address: City-St-Zip: MORRISTON, FL 32668 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KAUFFMAN, ERV Name: 9750 NE 49TH ST Address: Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: Title: () Delete () Change () Addition TIPPING, STEVE Name: Name: 4037 NW BLITCHTON RD., 908 Address: Address: City-St-Zip: OCALA, FL 34482 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: ANDREA HOFF ST 01/26/2009