2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004823

Entity Name: TRI COUNTY BAPTIST CHURCH, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
38405 ROLI LADY LAKE	LING ACRES F E, FL 32159	RD				
Current Mailing Address:				New Mailing Address:		
38405 ROLLING ACRES RD LADY LAKE, FL 32159						
FEI Number: 03-0467851 FEI Number Applied For ()		FEI Num	nber Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FOSLER, LEROY J 12836 SE 91ST TERRACE RD SUMMERFIELD, FL 34491 US				FOSLER, LEROY J 11138 SE 173TH LANE SUMMERFIELD, FL 34491 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: LEROY J. FOSLER					02/12/2009	
	Electroni	Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I CARLSON, AL 875 CASTERBEI LADY LAKE, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LANNING, KEITH 1606 DURANGO THE VILLAGES,	DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () I HOWARD, TERR 12836 SE 91ST SUMMERFIELD,	TERR RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () I SALAMON, JIM 1314 ARRENDO THE VILLAGES,			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I AUSTIN, FLOYD 916 CHULA CT LADY LAKE, FL	Delete 32159		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I WAGNER, DEAN 606 SPRUCE DE LADY LAKE, FL	2		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LEROY J. FOSLER TD 02/12/2009