2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N02154

Entity Name: FIRST BAPTIST CHURCH OF LLOYD, INC.

Current Principal Place of Business:

P.O. BOX 335
LLOYD, FL 32337

New Principal Place of Business:

124 ST. LOUIS STREET
MONTICELLO, FL 32344

Current Mailing Address:

P.O. BOX 335
LLOYD, FL 32337

New Mailing Address:

FEI Number: 59-1978208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAYTON, GREGORY
1822 BARRINGTON RD.
MONTICELLO, FL 32344 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:	SD	( ) Delete
Name:	MCBRIDE, SUE,	
Address:	2121 FARMS RD	
City-St-Zip:	TALLAHASSEE, FL	
Title:	VD	( ) Delete
Name:	EDWARDS, WALTER,	
Address:	P.O. BOX 8, NA	
City-St-Zip:	LLOYD, FL	
Title:	D	( ) Delete
Name:	CLAYTON, GREGORY,	
Address:	1822 BARRINGTON RD.	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	TD	( ) Delete
Name:	HATFIELD, PAULETTE	
Address:	709 WHIPPOORWILL RD	
City-St-Zip:	MONTICELLO, FL 32344	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: PAULETTE O. HATFIELD TD 01/09/2009
Electronic Signature of Signing Officer or Director — Date