

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001958

FILED
Apr 21, 2009
Secretary of State

Entity Name: CHRISTIAN HOME FREE WILL BAPTIST CHURCH, INC.

Current Principal Place of Business:

19244 NE SR 69
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

19244 NE SR 69
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-3692140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKETT, GREG
22641 NE GRADY BURKETT RD
BLOUNTSTOWN, FL 32424 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: DIR () Delete
Name: BURKETT, GREG
Address: 22641 NE GRADY BURKETT RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DIR () Delete
Name: BURGER, RON
Address: 19280 HWY 69 NE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DIR () Delete
Name: CLEMMONS, EDDIE
Address: 23660 NE DR. MW ELDRIIDGE RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DIR () Delete
Name: BARFIELD, JARROD
Address: 21103 NE MACEDONIA RD
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: JOHNSON, MICHAEL
Address: 11841 NE NEWSOME RD
City-St-Zip: CLARKSVILLE, FL 32430

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: RON BURGER

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

Date