

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002562

FILED
Apr 19, 2009
Secretary of State

Entity Name: SOUTH ATLANTIC SEVENTH DAY BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

139-145 FIRST AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

535 STATE RD 100
PALATKA, FL 32177

New Mailing Address:

FEI Number: 20-0958428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINT, BONNIE
535 STATE ROAD 100
PALATKA, FL 32177 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: PD () Delete
Name: CAMPBELL, MARLENE
Address: 252 SHEFFIELD CHASE
City-St-Zip: MCDONOUGH, GA 30253

Title: VD () Delete
Name: DIXON, JENNIFER
Address: 499 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD () Delete
Name: ROSS, DAPHNEY
Address: 556 HANSEN DR
City-St-Zip: LOCUST GROVE, GA 30248

Title: TD () Delete
Name: FLINT, BONNIE
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: KINLOCKE, LAUREN
Address: 9491 NW 24 CT
City-St-Zip: SUNRISE, FL 33322

Title: PD (X) Change () Addition
Name: DIXON, JENNIFER
Address: 499 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

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

Title: T (X) Change () Addition
Name: FLINT, BONNIE
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

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: BONNIE FLINT

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04/19/2009

Electronic Signature of Signing Officer or Director

Date