

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008171

FILED
Mar 20, 2009
Secretary of State

Entity Name: SHEPHERD'S WAY BAPTIST CHURCH, INC.

Current Principal Place of Business:

965 N LECANTO HWY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2017
LECANTO, FL 34460

New Mailing Address:

FEI Number: 43-2029626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDEN, WALTER E
5600 N ROSEDALE CIRCLE
BEVERLY HILLS, FL 344652241 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: DP () Delete
Name: CALLOWAY, C.L.
Address: 4350 SANDY HILL RD
City-St-Zip: LECANTO, FL 344661

Title: DB () Delete
Name: BALL, MICHAEL
Address: P O BOX 212
City-St-Zip: LECANTO, FL 344600212

Title: DV () Delete
Name: OSWALT, ROBERT
Address: 5374 N SONORA TERR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: DT () Delete
Name: MADDEN, WALTER E
Address: 5600 N ROSEDALE CIRCLE
City-St-Zip: BEVERLY HILLS, FL 34465

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: WALTER E MADDEN

DT

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date