2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003067

City-St-Zip:

Entity Name: GREEN ACRES BAPTIST CHURCH INC.

FILED Apr 30, 2008 Secretary of State

y	INC. SINCE BY THE PRINCE IN			
Current Principal Place of Business:		New Princi	New Principal Place of Business:	
	VERLY STREET LITON BEACH, FL 32547			
Current M	lailing Address:	New Mailin	New Mailing Address:	
	VERLY STREET LLTON BEACH, FL 32547			
FEI Number:	: 32-0107716 FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
34 ALDER FORT WA	LTON BEACH, FL 32547 US	nurness of shanging its	s registered effice or registered egent, or both	
in the State	e named entity submits this statement for the e of Florida.	purpose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete LOUBRIEL, KENNETH 1056 EMERALD LANE FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ST. ROMAIN, PATRICK 34 ALDER AVE FORT WALTON BEACH, FL 32547	
Title: Name: Address: City-St-Zip:	VP () Delete ST. ROMAIN, PATRICK 34 ALDER AVE FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	ADMI (X) Change () Addition CLARNO, JAN 99 12TH STREET SHALIMAR, FL 32579	
Title: Name: Address: City-St-Zip:	TREA (X) Delete CLARNO, JAN 99 12TH STREET SHALIMAR, FL 32579	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CLER (X) Delete CLARNO, DEBRA 99 12TH STREET SHALIMAR, FL 32579	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	OVER (X) Delete LOUBRIEL, DEBORAH 1056 EMERALD LANE	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: PATRICK ST ROMAIN D 04/30/2008

FORT WALTON BEACH, FL 32547