

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# N05556

Entity Name: BILTMORE BAPTIST CHURCH, INC.

Current Principal Place of Business:

3525 NORMAN E. THAGARD BLVD.
C/O NORMAN MCCLOUD
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

3525 NORMAN E. THAGARD BLVD.
C/O NORMAN MCCLOUD
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-1878851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLOUD, NORMAN
6420 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32222 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: D () Delete
Name: CREWS, EUGENE,
Address: 3042 LOWELL AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: DP () Delete
Name: MCCLOUD, NORMAN,
Address: 6420 OLD MIDDLEBURG RD.
City-St-Zip: JACKSONVILLE, FL

Title: DVPT () Delete
Name: CREWS, JAMES,
Address: 2847 W. 5TH ST.
City-St-Zip: JACKSONVILLE, FL

Title: DS () Delete
Name: SIMPSON, FAYE
Address: 8130 COLVILLE RD.
City-St-Zip: JACKSONVILLE, FL 32220

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: NORMAN MCCLOUD

DP

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date