

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000550

FILED
Jan 14, 2009
Secretary of State

Entity Name: BIG CYPRESS NEW TESTAMENT BAPTIST CHURCH, INC

Current Principal Place of Business:

34800 NEW TESTAMENT DR.
BIG CYPRESS SEMINOLE INDIAN RESERVATION
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

HC61 BOX 17E
CLEWISTON, FL 33440

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, ARLEN
6700 RALEIGH ST.
HOLLYWOOD, FL 33024 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: P () Delete
Name: PAYNE, ARLEN
Address: HC61 BOX 17E
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: CYPRESS, CHARLIE
Address: HC61 BOX 55C
City-St-Zip: CLEWISTON, FL 33440

Title: DS () Delete
Name: KING, BETTY C
Address: HC61 BOX 31A
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: OSCEOLA, JOE
Address: HC61 BOX 18C
City-St-Zip: CLEWISTON, FL 33440

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: ARLEN PAYNE

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date