

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002335

FILED
Mar 22, 2009
Secretary of State

Entity Name: FAITH BAPTIST CHURCH OF ROCKLEDGE, INC.

Current Principal Place of Business:

3400 MURRELL RD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

3400 MURRELL RD
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-4410618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARDINEER, ROSEANN
3400 MURRELL RD
ROCKLEDGE, FL 32955 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: COLLINS, SOLON
Address: 1805 LIVE OAK DR N
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: SARDINEER, ROSEANNE
Address: 3580 MURRELL RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: CHEEK, MARILYN
Address: 120 DUDLEY RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: RAMNARINE, IRENE
Address: 6011 RANCHWOOD DR
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: RAMNARINE, NANDRA
Address: 3400 MURRELL RD
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: IRENE RAMNARINE

SD

03/22/2009

Electronic Signature of Signing Officer or Director

Date