## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06248

FILED Apr 27, 2009 Secretary of State

|                                               |                                   | 0 <u>2</u> 10                  |                                                             | ocorciary or otate                        |  |
|-----------------------------------------------|-----------------------------------|--------------------------------|-------------------------------------------------------------|-------------------------------------------|--|
| Entity Na                                     | ame: FIRST B                      | APTIST CHURCH OF STUAR         | T, FLORIDA, INC.                                            |                                           |  |
| Current Principal Place of Business:          |                                   |                                | New Principal Place                                         | New Principal Place of Business:          |  |
|                                               | CEAN BLVD.<br>FL 34994294         | 5                              |                                                             |                                           |  |
| Current Mailing Address:                      |                                   |                                | New Mailing Addres                                          | New Mailing Address:                      |  |
|                                               | CEAN BLVD.<br>FL 34994294:        | 5                              |                                                             |                                           |  |
| FEI Numbe                                     | r: 59-0816435                     | FEI Number Applied For ( )     | FEI Number Not Applicable ( )                               | Certificate of Status Desired (X)         |  |
| Name and Address of Current Registered Agent: |                                   |                                | Name and Address                                            | Name and Address of New Registered Agent: |  |
| 322 RIDĠ                                      |                                   | US                             |                                                             |                                           |  |
|                                               | e named entity<br>te of Florida.  | submits this statement for the | ourpose of changing its registere                           | ed office or registered agent, or both,   |  |
| SIGNATU                                       | JRE:                              |                                |                                                             |                                           |  |
|                                               | Electro                           | nic Signature of Registered Ag | ent                                                         | Date                                      |  |
| OFFICER                                       | RS AND DIREC                      | CTORS:                         | ADDITIONS/CHANG                                             | ES TO OFFICERS AND DIRECTORS              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | BURGESS, DF<br>667 SW HIDDI       | EN RIVER AVE                   | Title:<br>Name:<br>Address:<br>City-St-Zip:                 | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | GILLEN, KEVII<br>1337 SW ROE      |                                | Title:<br>Name:<br>Address:                                 | ( ) Change ( ) Addition                   |  |
|                                               | PALIVI CITT, F                    | L 34990                        | City-St-Zip:                                                |                                           |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (<br>ALLEY, DAN<br>511 HIBISCUS | ) Delete                       | City-St-Zip:<br>Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) 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.

SIGNATURE: DAN D. ALLEY D 04/27/2009