


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90035 006 \*\*\*\*70.00

<b>DOCUMENT # N07000002669</b> 1. Entity Name <b>BIBLE BAPTIST CHURCH OF HUDSON, INC.</b>					
Principal Place of Business <b>11830 PINE FOREST DR. NEW PORT RICHEY, FL 34654</b>			Mailing Address <b>11830 PINE FOREST DR. NEW PORT RICHEY, FL 34654</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>14-1997277</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRUMP, BRUCE A. REV. 8501 FOREST GLADE DR. HUDSON, FL 34667</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CRUMP, BRUCE A. 8501 FOREST GLADE DR. HUDSON, FL 34667</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MASON, CHARLES 6001 PIEDMONT DR. SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>SCOTT, WADE 3265 LIFEBOAT LANE SPRING HILL, FL 34607</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>WILLIAMS, RON 9135 YELLOW LAKE DR. NEW PORT RICHEY, FL 34654</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Bruce A. Crump</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>1/4/08</b>	
				Daytime Phone # <b>(277) 642-5582</b>	