

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011223

FILED
Jan 14, 2009
Secretary of State

Entity Name: ARGYLE BAPTIST CHURCH, INC.

Current Principal Place of Business:

252 ARGYLE CHURCH RD
ARGYLE, FL 32422

New Principal Place of Business:

Current Mailing Address:

PO BOX 112
ARGYLE, FL 32422

New Mailing Address:

FEI Number: 51-0656938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, MELISSA
69 SHELBI CT
DEFUNIAK SPRINGS, FL 32433 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: C () Delete
Name: JONES, CHARLES G
Address: 55 WIDNER CIRCLE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DS () Delete
Name: ROGERS, MELISSA
Address: 69 SHELBI CT
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DT () Delete
Name: OWENS, LINDA
Address: 900 JUNIPER LAKE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

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: LINDA K. OWENS

DT

01/14/2009

Electronic Signature of Signing Officer or Director

Date