## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07890

FILED Jun 04, 2008 Secretary of State

Entity Name: FELLOWSHIP BAPTIST TEMPLE, INC.

Current Principal Place of Business: New Principal Place of Business:

13515 N. US HWY 301 THONOTOSASSA, FL 33592

Current Mailing Address: New Mailing Address:

13515 N. US HWY 301 THONOTOSASSA, FL 33592

FEI Number: 59-3615889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GROVER, MIKE

13515 N. US HWY 301

THONOTOSASSA, FL 33592

US

GROVER, MICHAEL A

718 JUNE LAKE LN

BRANDON, FL 33510

US

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: MICHAEL A. GROVER 06/04/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 KELLY, WILLIAM R
 Name:
 GROVER, MICHAEL A

 Address:
 8112 N.OLA AVE.
 Address:
 718 JUNE LAKE LN

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 BRANDON, FL 33510

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LASETTER, RANDY
 Name:

 Address:
 RT 2 BOX 1043
 Address:

 City-St-Zip:
 TAMPA, FL 33612
 City-St-Zip:

Title: DST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BOWE, RONALD
 Name:

 Address:
 5209 W. THONOTOSASSA RD.
 Address:

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 KELLY, WILLIAM R

 Address:
 Address:
 8112 N. OLA AVE.

 City-St-Zip:
 City-St-Zip:
 TAMAP, FL 33604

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: MICHAEL A. GROVER DP 06/04/2008