

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006451

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** CAMP HEAD ASSEMBLY OF GOD CHURCH, INCORPORATED

**Current Principal Place of Business:**

23831 NW CHURCH ROAD  
ALTHA, FL 32421

**New Principal Place of Business:**

**Current Mailing Address:**

23831 NW CHURCH ROAD  
ALTHA, FL 32421

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

BAGGETT, CARLTON REV.  
19849 NE CR 274  
ALTHA, FL 32421 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: D ( ) Delete  
Name: BATES, GLENN  
Address: 10302 NW BACKWOOD ROAD  
City-St-Zip: ALTHA, FL 32421

Title: D ( ) Delete  
Name: BATES, J.D.  
Address: 24837 NW BATES ROAD  
City-St-Zip: ALTHA, FL 32421

Title: D ( ) Delete  
Name: BARRENTINE, MICHAEL  
Address: 24092 NW BARRENTINE LANE  
City-St-Zip: SHELTON AREA, FL 32421

Title: P ( ) Delete  
Name: BAGGETT, CARLTON  
Address: 19849 NE CR 274  
City-St-Zip: ALTHA, FL 32421

**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:

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: J.D. BATES

D

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date