

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007498

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** MAGNOLIA BAPTIST CHURCH OF ALTHA, FLORIDA, INC.

**Current Principal Place of Business:**

16448 NW MAGNOLIA ROAD  
ALTHA, FL 32421

**New Principal Place of Business:**

**Current Mailing Address:**

16448 NW MAGNOLIA ROAD  
ALTHA, FL 32421

**New Mailing Address:**

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

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

KUSNIERZ, JOHN  
2297 BETHLEHEM ROAD  
COTTONDALE, FL 32431      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, P                      ( ) Delete  
Name: KUSNIERZ, JOHN  
Address: 2297 BETHLEHEM ROAD  
City-St-Zip: COTTONDALE, FL 32431

Title: D                      ( ) Delete  
Name: DEESE, HOUSTON  
Address: 15181 NW MAGNOLIA CHURCH ROAD  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D                      ( ) Delete  
Name: BAILEY, JASON  
Address: 20456 SE BAILEY AVE.  
City-St-Zip: BLOUNTSTOWN, FL 32424

**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: ROBERT L. CURL

TREA

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date