

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008702

FILED
Apr 21, 2009
Secretary of State

Entity Name: ST JOHNS FREE WILL BAPTIST CHURCH INC

Current Principal Place of Business:

975 ST JOHN RD
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

975 ST JOHN RD
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-2082222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHEAD, ODIS
3150A DOUGLAS FERRY RD
BONIFAY, FL 32425 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: P () Delete
Name: ELMORE, JAMES
Address: PO BOX 465
City-St-Zip: COTTONDALE, FL 32431

Title: T () Delete
Name: HEWETT, VIRGINIA
Address: 3759 DOUGLAD FERRY RD
City-St-Zip: BONIFAY, FL 32425

Title: PV () Delete
Name: WHITEHEAD, ODIS
Address: 3150A DOUGLAS FERRY RD
City-St-Zip: BONIFAY, FL 32425

Title: S () Delete
Name: LOCKE, PAULA
Address: 2149 PLEASANT HILL RD
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HEWETT, VIRGINIA
Address: 3759 DOUGLAS FERRY RD
City-St-Zip: BONIFAY, FL 32425

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: JAMES A. ELMORE

OD

04/21/2009

Electronic Signature of Signing Officer or Director

Date