2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09501

SIGNATURE: JASON BURROUGHS

Electronic Signature of Signing Officer or Director

FILED Jan 12, 2009 Secretary of State

Entity Name: FIRST CORINTHIAN BAPTIST CHURCH, INC.

Current Principal Place of Business:				New Principal Place of Business:		
1700 W.JACKSON ST. PENSACOLA, FL 32501				1700 W. JACKSON ST. PENSACOLA, FL 32501		
Current Mailing Address:				New Mailing Address:		
1700 W.JACKSON ST. PENSACOLA, FL 32501 US				1700 W. JACKSON ST. PENSACOLA, FL 32501		
FEI Number:	59-2497438	FEI Number Applied For ()	FEI Numbe	er Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
BURROUGHS, JASON 600 EAST TEXAR DR PENSACOLA, FL 32503 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:						
	Electronic	Signature of Registered Agent	it		Date	
OFFICERS AND DIRECTORS:			Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () C HOUSTON, SANT 7971 HAYWORTH PENSACOLA, FL	H ST	Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () C ROBERTS, EARL 10163 GUIDY LN PENSACOLA, FL		Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () D BURROUGHS, JA 600 E TEXAR DR PENSACOLA, FL		Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () C SAPORA, JAMES 509 NORTH PENSACOLA, FL		Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () C TRIPLETT, SHER 5825 RINGGOLD PENSACOLA, FL	DR	Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () C GAINEY, SYLVES 7300 ROLLINGHI PENSACOLA, FL	LL RD	Na Ad	tle: ame: ddress: tty-St-Zip:	() Change () Addition	
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.						

MR.

01/12/2009

Date