

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11189

FILED
Jan 16, 2009
Secretary of State

Entity Name: HICKORY GROVE FIRST SOUTHERN BAPTIST CHURCH, INC.

Current Principal Place of Business:

311 OAKRIDGE AVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

% DALE S WILSON
P. O. BOX 1808
GREEN COVE SPRINGS, FL 320438808

New Mailing Address:

FEI Number: 59-1274185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DALE S
718 N ORANGE AVE
GREEN COVE SPRINGS, FL US

Name and Address of New Registered Agent:

WILSON, DALE S
718 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043 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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEEPLES, EDDIE
Address: 5038 SPRINGBANK RD
City-St-Zip: GREEN COVE SPRGS, FL

Title: VPSD () Delete
Name: WILSON, DALE S
Address: 718 N ORANGE AV
City-St-Zip: GREEN COVE SPRGS, FL

Title: TD () Delete
Name: BROWN, DONALD
Address: 2994 ROSE CRANS LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEEPLES, EDDIE
Address: 5038 SPRINGBANK RD
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: VPSD (X) Change () Addition
Name: WILSON, DALE S
Address: 718 N ORANGE AV
City-St-Zip: GREEN COVE SPRGS, FL 32043

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: DALE S. WILSON

VPSD

01/16/2009

Electronic Signature of Signing Officer or Director

Date