

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N12770

Entity Name: ALACHUA BAPTIST ASSOCIATION, INC.

**Current Principal Place of Business:**

936 HIGHWAY 41 SOUTH  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

936 HIGHWAY 41 SOUTH  
INVERNESS, FL 34450 US

**New Mailing Address:**

FEI Number: 59-2690885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LA PEER, RUSSELL W  
445 NE EIGHTH AVE  
OCALA, FL 34470 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: GANT, BOB  
Address: 15128 HANKIA ROAD  
City-St-Zip: MASARYKTOWN, FL 34604

Title: D ( ) Delete  
Name: RITTER, ALAN  
Address: PO BOX 578  
City-St-Zip: HOMOSASSA, FL 34487

Title: T ( ) Delete  
Name: WOODY, JOANN  
Address: 2817 GARFIELD ST. W.  
City-St-Zip: INVERNESS, FL 34451

Title: D ( ) Delete  
Name: BEEHLER, GARY  
Address: 435 W UNION PLACE  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: M ( ) Delete  
Name: MADDOX, JOSEPH K  
Address: 936 HWY 41 S  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RITTER, ALAN  
Address: PO BOX 578  
City-St-Zip: HOMOSASSA, FL 34487

Title: D (X) Change ( ) Addition  
Name: MONROE, TOM  
Address: PO BOX 429  
City-St-Zip: NOBLETON, FL 34661

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: JOSEPH MADDOX

M

04/30/2007

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

\_\_\_\_\_  
Date