## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12770

FILED Apr 17, 2008 Secretary of State

Entity Name: ALACHUA BAPTIST ASSOCIATION INC

Entity Nai	me: ALACHUA	A BAPTIST ASSOCIATION, IN	<b>С</b> .			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	WAY 41 SOUTH SS, FL 34450	H US				
Current M	lailing Addres	s:	New Maili	ng Address:		
	WAY 41 SOUTH SS, FL 34450	US				
FEI Number: 59-2690885 FEI Number Applied For ( ) FEI		FEI Number Not Appl	Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
445 NE Eld OCALA, Fl The above in the State	named entity s e of Florida.		ourpose of changing it	ts registered office or registered agent, or both,		
SIGNATUI		c Signature of Registered Age	ent			
OFFICERS	S AND DIRECT	-		IS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D () RITTER, ALAN PO BOX 578 HOMOSASSA, F	Delete L 34487	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () MONROE, TOM PO BOX 429 NOBLETON, FL	Delete 34661	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T () WOODY, JOAN 2817 GARFIELD INVERNESS, FL	ST. W.	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition DINGLER, DENNIS 211 S APOLKA AVE INVERNESS, FL 34452		
Title: Name: Address: City-St-Zip:	D () BEEHLER, GAR 435 W UNION P CITRUS SPRINC	LACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	M () MADDOX, JOSE 936 HWY 41 S INVERNESS, FL		Title: Name: Address: City-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.

SIGNATURE: JOSEPH MADDOX D 04/17/2008