2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# N14231

Entity Name: WALNUT AVENUE BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

WALNUT AVE. BAPTIST CHURCH
8645 WALNUT AVE
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

WALNUT AVE. BAPTIST CHURCH
8645 WALNUT AVE
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-2656586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTLER, JAMES T.
2699 W ROBERTS RD
CANTONMENT, FL 32533 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: GLODFELTER, M
Address: 8630 ROSE AVE
City-St-Zip: PENSACOLA, FL 32534

Title: STD ( ) Delete
Name: PIERCE, SELDON A.
Address: 205 WEST PLAZA RD
City-St-Zip: CANTONMENT, FL

Title: STD ( ) Delete
Name: BUTLER, JAMES T.
Address: 2699 W. ROBERTS RD.
City-St-Zip: CANTONMENT, FL

Title: D ( ) Delete
Name: WILLIAMS, WILLIE H.
Address: 8909 FOWLER AVENUE
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition
Name: PIERCE, SELDON A.
Address: 205 WEST PLAZA RD
City-St-Zip: CANTONMENT, FL 32533

Title: STD (X) Change ( ) Addition
Name: BUTLER, JAMES T.
Address: 2699 W. ROBERTS RD.
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change ( ) Addition
Name: WILLIAMS, WILLIE H.
Address: 8909 FOWLER AVENUE
City-St-Zip: PENSACOLA, FL 32533

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 T BUTLER STD 05/15/2009
Electronic Signature of Signing Officer or Director — Date