

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16233

FILED
Apr 18, 2009
Secretary of State

Entity Name: CLAYLAND BAPTIST CHURCH, INC.

Current Principal Place of Business:

11409 193RD ROAD
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

11409 193RD ROAD
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 59-2173153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURHAM, MARCUS W
20131 136TH STREET
LIVE OAK, FL 32060 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: DURHAM, MARCUS W
Address: 20131 136TH STREET
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: KEWANIMPTWEA, LOREN
Address: 14481 217 RD.
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: WILLIAMS, JIMMIE
Address: 17507 CR 250
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CARMICHAEL, MARJORIE
Address: 16564 104TH STREET
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: DEWAYNE, KIRBY
Address: 11478 201ST RD.
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CARMICHAEL, DOYLE
Address: 14074 STATE ROAD 51
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DOYLE CARMICHAEL

D

04/18/2009

Electronic Signature of Signing Officer or Director

Date