

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17938

FILED
Apr 22, 2008
Secretary of State

Entity Name: FELLOWSHIP BAPTIST CHURCH OF MADISON, FLORIDA, INC.

Current Principal Place of Business:

1997 NE COLIN KELLY HWY
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

PO BOX 831
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-2765074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GNIEWEK, TOM
1269 NE CACTUS AVE
LEE, FL 32059 US

Name and Address of New Registered Agent:

GNIEWEK, TOM
378 N.E. LIVINGSTON ST.
MADISON, FL 32340 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:

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, JIM
Address: 390 NW GADWALL WAY
City-St-Zip: MADISON, FL 32340

Title: S () Delete
Name: MULKEY, AMELIA
Address: 2173 NE ROCKY SPRINGS CHURCH RD
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: GAMALERO, WILLIE
Address: 3895 NW LITTLE CAT RD
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: WALLER, JIM
Address: 514 NE CELOSIA DR
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: GNIEWEK, TOM
Address: 378 NE LIVINGSTON RD
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BENTLEY, JUDY
Address: 8404 N SR 53
City-St-Zip: MADISON, FL 32340

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
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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: JUDY BENTLEY

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date