

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18652

FILED  
Mar 19, 2008  
Secretary of State

**Entity Name:** MIDDLE FLORIDA BAPTIST ASSEMBLY, INC.

**Current Principal Place of Business:**

C/O TIM KINSEY  
247 SE SALVATION RD  
BRANFORD, FL 32008 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TIM KINSEY  
247 SE SALVATION RD  
BRANFORD, FL 32008 US

**New Mailing Address:**

**FEI Number:** 59-2803871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KINSEY, TIM  
247 SE SALVATION RD  
BRANFORD, FL 32008 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: SD ( ) Delete  
Name: KINSEY, TIM  
Address: 247 SE SALVATION RD  
City-St-Zip: BRANFORD, FL

Title: TD ( ) Delete  
Name: PEARSON, DEBBIE  
Address: 280 SW ROBINSON COURT  
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete  
Name: DAMPIER, HUGH  
Address: 189 NW CALI DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: BROWN, AUSE  
Address: 4001 N.W. 9TH COURT  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: CARON, HARN  
Address: 124 NE CR 255  
City-St-Zip: LEE, FL 32059

Title: D ( ) Delete  
Name: STOKES, GENE  
Address: PO BOX 702  
City-St-Zip: MADISON, FL 32341

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

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

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

Title: D (X) Change ( ) Addition  
Name: FOUNTAIN, FRITZ  
Address: 1747 S WALKER AVENUE  
City-St-Zip: LIVE OAK, FL 32064

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: TIM KINSEY

SD

03/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date