

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18962

FILED
Apr 21, 2009
Secretary of State

Entity Name: MOULTRIE BAPTIST CHURCH, INC. OF ST. AUGUSTINE, FLORIDA

Current Principal Place of Business:

3699 U.S. 1, SOUTH
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

3699 U.S. 1, SOUTH
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2388804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, DONALD
3699 US 1 S
SAINT AUGUSTINE, FL 32086 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: D () Delete
Name: WOLFE, DONALD
Address: 712 CAMELIA TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: BRADDOCK, RALPH
Address: 5425 DATIL PEPPER RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: BRADDOCK, JASPER
Address: 3490 OLD MOULTRIE ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: WATTS, DENNIS
Address: 5009 SHORE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V () Delete
Name: PHILIPS, CARL
Address: 233 DELTONA BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BRADDOCK, RALPH
Address: 5425 DATIL PEPPER RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S (X) Change () Addition
Name: BROOKS, RONALD
Address: 116 LAUREL WOODS WAY #203
City-St-Zip: ST. AUGUSTINE, FL 32086

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

Title: S (X) Change () Addition
Name: HARRIGAN, GEORGE
Address: 450 DOMENICO CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: DON WOLFE

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

Date