

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 31, 2009  
Secretary of State**

DOCUMENT# N19624

Entity Name: FIRST BAPTIST CHURCH OF BAGDAD, INC.

**Current Principal Place of Business:**

4529 FORSYTH ST  
P.O. BOX 247  
BAGDAD, FL 325300247

**New Principal Place of Business:**

4529 FORSYTH ST  
BAGDAD, FL 325300247

**Current Mailing Address:**

4529 FORSYTH ST  
P.O. BOX 247  
BAGDAD, FL 325300247

**New Mailing Address:**

FEI Number: 59-1036027      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:**

BURROW, ROBERT C  
6429 LYNNWOOD CIRCLE  
MILTON, FL 32583      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: BURROW, ROBERT C  
Address: 6429 LYNNWOOD CIRCLE  
City-St-Zip: MILTON, FL 32583

Title: STT ( ) Delete  
Name: GRIMES, BRUCE  
Address: 4073 PACE LANE  
City-St-Zip: PACE, FL 32571

Title: VP ( ) Delete  
Name: STEPHENS, SARAH ANN  
Address: 6385 STARHILL DRIVE  
City-St-Zip: MILTON, FL 32570

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: TR (X) Change ( ) Addition  
Name: JACOBS, DEBORAH W  
Address: 4541 FORSYTH STREET  
City-St-Zip: BAGDAD, FL 32530

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

Title: SEC ( ) Change (X) Addition  
Name: MARTIN, SHANNON  
Address: 8473 HWY 89  
City-St-Zip: MILTON, FL 32570

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: DEBORAH JACOBS

TR

08/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date