

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20215

FILED
Mar 16, 2009
Secretary of State

Entity Name: TEMPLE BAPTIST CHURCH OF ARCADIA, INC.

Current Principal Place of Business:

901 N MILLS AVE.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 985
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 59-2469583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, FLETCHER
124 NORTH BREVARD AVENUE
ARCADIA, FL 33821 US

Name and Address of New Registered Agent:

BROWN, FLETCHER
124 NORTH BREVARD AVENUE
ARCADIA, FL 34266 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:

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, LESTER
Address: 400 E PINE STREET
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: HINES, DAVID
Address: 2442 NE BROWNVILLE ST
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: CALVERT, PHILLIP
Address: 7596 S.W. ENVIRONMENTAL LAB STREET
City-St-Zip: ARCADIA, FL 34266

Title: M () Delete
Name: KING, DOUGLAS
Address: 3700 SW COUNTY ROAD 661
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: TENNEY, DON
Address: 6097 N.W. CUL-DE-SAC ROAD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, CARTER
Address: P.O. BOX 3263
City-St-Zip: ARCADIA, FL 34265

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

Title: D (X) Change () Addition
Name: SMITH, WADE
Address: 38215 STATE ROAD 64 EAST
City-St-Zip: MYAKKA CITY, FL 34251

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: DAVID HINES

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date