

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21869

FILED
Feb 20, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF HOMELAND, INC.

Current Principal Place of Business:

205 CHURCH AVE
HOMELAND, FL 33847 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 675
HOMELAND, FL 33847 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLEY, RANDALL
4529 OLLIE ROAD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

BARBER, SR, CLAYTON G REV
2826 ILLINOIS STREET
LAKELAND, FL 33803 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: CLAYTON G BARBER, SR

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILER, HENRY
Address: PO BOX 656
City-St-Zip: HOMELAND, FL 33847

Title: D () Delete
Name: AYCOCK, ALCUS
Address: PO BOX 64
City-St-Zip: HOMELAND, FL 33847

Title: P () Delete
Name: PULLEY, RANDALL,
Address: 4529 OLLIE ROAD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: WATSON, BENNY
Address: 1810 EMERSON AVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: NOTTINGHAM, CHRIS
Address: 6141 OLD HOMELAND RD
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRIMPEY, CHARLES
Address: PO BOX 48
City-St-Zip: HOMELAND, FL 33847

Title: D (X) Change () Addition
Name: HELMS, REX
Address: 802 OLANDT AVENUE
City-St-Zip: FT MEADE, FL 33841

Title: P (X) Change () Addition
Name: BARBER, SR, CLAYTON G REV
Address: 2826 ILLINOIS STREET
City-St-Zip: LAKELAND, FL 33803

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: CLAYTON G BARBER, SR

REV

02/20/2009

Electronic Signature of Signing Officer or Director

Date