## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22189

FILED Apr 29, 2008 Secretary of State

Entity Name: BLUEWATER BAPTIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 4580 RANGE RD NICEVILLE, FL 32578 **Current Mailing Address: New Mailing Address:** 4580 RANGE RD NICEVILLE, FL 32578 FEI Number: 59-2794091 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, RANDALL E TRUSTEE 4580 RÁNGE ROAD 621 CARRIBBEAN WAY NICEVILLE, FL 32578 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition POSEY KENNETH TRUSTEE Name: Name: Address: 103 BERMUDA WAY Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: JONES, RANDALL E TRUSTEE Name: Address: 621 CARIBBEAN WAY Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LOGAN, BOBBIE J TREAS. Name: LANGLEY, SUSAN TREAS. Name: 478 OLDE POST ROAD 103 ROCKYWOOD WAY Address: Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US ( ) Delete Title: Title: () Change () Addition Name: GORDON, ALLYSON Name: 1744 WREN WAY Address: Address: City-St-Zip: NICEVILLE, FL 32578 US 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: ALLYSON GORDON O 04/29/2008