2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22317

FILED Apr 01, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF LAKE ALFRED, INC.

Current Principal Place of Business: New Principal Place of Business: PIERCE & ROCHELLE 280 E. PIERCE STREET 280 E. PIERCE LAKE ALFRED, FL 33850 LAKE ALFRED, FL 33850 **New Mailing Address: Current Mailing Address:** PIERCE & ROCHELLE 280 E. PIERCE STREET 280 E. PIERCE LAKE ALFRED, FL 33850 LAKE ALFRED, FL 33850 FEI Number: 59-1683521 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: THOMPSON, MAX THOMPSON, MAXWELL 302 GRIMES DR 302 GRIMES DR AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 US 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: MAXWELL THOMPSON 04/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD () Delete () Change () Addition THOMPSON, MAX Name: Name: 302 GRIMES DRIVE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition SHIRLEY, EVAN Name: Name: Address: 241 KINGFISHER LANE Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: Title: () Delete Title: (X) Change () Addition CRAWFORD, ARLEN Name: STOUTZ, JIM Name: 2216 TAMARRON Address: Address: 760 E THELMA ST City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: LAKE ALFR, FL 33850 Title: VD (X) Delete Title: () Change () Addition Name: STOUTZ, JIM Name: Address: 760 E THELMA ST Address: City-St-Zip: LAKE ALFRED, FL 33850 City-St-Zip: Title: (X) Delete Title: () Change () Addition BRYAN, STEVE Name: Name: 575 N ROCHELLE AVE Address: Address: City-St-Zip: LAKE ALFRED, FL 33850 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: MAXWELL THOMPSON CD 04/01/2009