2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31390

FILED Feb 09, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF OKAHUMPKA, INC.

Current Principal Place of Business: New Principal Place of Business: HIGHWAY 470 WEST/P.O. BOX 117 OKAHUMPKA, FL 34762 OKAHUMPKA, FL 34762 **Current Mailing Address: New Mailing Address:** HIGHWAY 470 WEST/P.O. BOX 117 27714 CR 33/ PO BOX 117 OKAHUMPKA, FL 34762 OKAHUMPKA, FL 34762 FEI Number: 59-2446541 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: HAYES, CHRISTOPHER L FENNELL, CHERYL D 25212 LAÚREL VALLEY ROAD 12428 DRAW DR GRAND ISLAND, FL 32735 US LEESBURG, FL 34748 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: CHERYL D. FENNELL 02/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAYES, CHRISTOPHER Name: Name: 3343 CR 470 Address: Address: OKAHUMPKA, FL 34762 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: MERRITT, TEX A Name: Address: **AUTIN MERRITT RD #56** Address: City-St-Zip: OKAHUMPKA, FL City-St-Zip: Title: () Delete Title: () Change () Addition SYLVIA, MANNY SR Name: Name: 25229 US HWY 275 Address: Address: City-St-Zip: LEESBURG, FL City-St-Zip: Title: () Delete Title: () Change () Addition WOODARD, JERAH W Name: Name: Address: 1185 CR 463 Address: City-St-Zip: LAKE PANASOFFKEE, FL 33538 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: CHERYL D. FENNELL FS 02/09/2009