


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90045 050 \*\*\*\*61.25

<b>DOCUMENT # N31581</b>			
1. Entity Name <b>INDEPENDENT BAPTIST CHURCH OF SEBRING, INC.</b>			
Principal Place of Business <b>5704 CR 17 S SEBRING FL 33876</b>		Mailing Address <b>5704 CR 17 S SEBRING FL 33876</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>RUSE, LARRY</b> <b>4942 SALMON DR</b> <b>SEBRING FL 33870</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P</b> <b>RUSE, LARRY PASTOR</b> <b>4942 SALMON DR</b> <b>SEBRING FL 33870</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>Pastor, President</b> <b>Pastor Larry Ruse</b> <b>4220 EISON AVE</b> <b>SEBRING, FL 33875</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>T</b> <b>MOYER, JOHN</b> <b>3025 DUANE PALMER BLVD</b> <b>SEBRING FL 33870</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>Trustee</b> <b>Tiner Kenneth M. 33971</b> <b>6417 OLD ORCHARD SEBRING FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DAT</b> <b>FLETCHER, KENNETH</b> <b>23 LAKE GARDENS DRIVE</b> <b>LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>T</b> <b>FARNHAM, JIM</b> <b>5319 HOLT ST</b> <b>SEBRING FL 33876</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Larry Ruse* *Kenneth M. Tiner* *3/10/08* *867 863-655-1899*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *3/3/08* *655-0742*