

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33315

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** FELLOWSHIP BAPTIST CHURCH OF STEINHATCHEE, FLORIDA, INC.

**Current Principal Place of Business:**

110 15TH STREET SE  
STEINHATCHEE, FL 32359

**New Principal Place of Business:**

108 -- 112 15TH STREET SE  
STEINHATCHEE, FL 32359

**Current Mailing Address:**

PO BOX 172  
STEINHATCHEE, FL 32359

**New Mailing Address:**

**FEI Number:** 59-2920781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COWARD, RON  
112 15TH ST. SE  
STEINHATCHEE, FL 32359 US

**Name and Address of New Registered Agent:**

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:**

Title: SD ( ) Delete  
Name: ALLEN, RUBY  
Address: 1304 1ST AVE SE  
City-St-Zip: STEINHATCHEE, FL 32359

Title: TD ( ) Delete  
Name: RENFROE, JUNE  
Address: 453 KINGS CREEK CIR.  
City-St-Zip: STEINHATCHEE, FL 32359

Title: PD ( ) Delete  
Name: COWARD, RON  
Address: 112 15TH ST., S.E.  
City-St-Zip: STEINHATCHEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RON COWARD

O/D

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date