

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36801

FILED
Feb 02, 2009
Secretary of State

Entity Name: KINGSLEY LAKE BAPTIST CHURCH, INC.

Current Principal Place of Business:

6289 MARY DOT LANE
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

6289 MARY DOT LANE
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-1033271 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORODE, CARL
6061-3 KINGSLEY LAKE DR.
STARKE, FL 32091 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: D () Delete
Name: LANE, TED
Address: 1525 E. CALL ST
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: TORODE, CARL
Address: 6061-3 KINGSLEY LAKE DR.
City-St-Zip: STARKE, FL

Title: D () Delete
Name: CREWS, DAVID
Address: 6221 KINGSLEY LAKE DR.
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: WHALEY, TOM
Address: 21248 NW SR 16
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: RHODEN, MICHAEL
Address: 4432 WEEKS RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: T () Change (X) Addition
Name: STERN, ROLAND
Address: 1585 NE 171ST. STREET
City-St-Zip: STARKE, FL 32091

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: CARL TORODE

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date