## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37531

FILED Jan 19, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF PORT ST. JOE, FLORIDA

Current Principal Place of Business: New Principal Place of Business:

102 THIRD STREET PT. ST. JOE, FL 32456

Current Mailing Address: New Mailing Address:

102 THIRD STREET

PT. ST. JOE, FL 32456 US

FEI Number: 59-1021870 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:

COSTIN, CHARLES A. 413 WILLIAMS AVE

PT. ST. JOE, FL 32456 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:

Name:

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

WATSON, TEMPLE

NOBLES, ROBERT

1620 PALM BLVD.

STROUD, BILL

PT. ST. JOE, FL 32457

PORT SAINT JOE, FL 32456

P. O. BOX 643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

(X) Change ( ) Addition

**OFFICERS AND DIRECTORS:** 

DS () Delete Title: DS (X) Change () Addition

Name: THOMPSON, TERRY
Address: 200 7TH ST

City-St-Zip: MEXICO BEACH, FL 32456

Title: DP () Delete
Name: PRESNELL, JOHN

Address: 2093 HWY C 30 City-St-Zip: PORT SAINT JOE, FL 32456

Title: DV ( ) Delete

Name: THOMPSON, DAVID
Address: HC-3 BOX 150

 Address:
 HC-3 BOX 150
 Address:
 HC7-BOX 981905

 City-St-Zip:
 MEXICO BEACH, FL 32456
 City-St-Zip:
 MEXICO BEACH, FL 32456

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: ROBERT NOBLES DP 01/19/2009