

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38724

FILED
Feb 06, 2008
Secretary of State

Entity Name: BLAKE MEMORIAL BAPTIST CHURCH INC. OF LAKE HELEN, FLORIDA

Current Principal Place of Business:

134 N EUCLID AVE
LAKE HELEN, FL 32744

New Principal Place of Business:

Current Mailing Address:

134 N EUCLID AVE
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 59-2346319 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WISHON, ANTHONY C
134 N EUCLID AVE.
LAKE HELEN, FL 32744 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: TR () Delete
Name: ROBERGE, DON
Address: 267 BAXTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: TR () Delete
Name: BOUTWELL, FRANKLIN
Address: 223 RIVER VILLAGE DR
City-St-Zip: DEBARY, FL 32713

Title: TR () Delete
Name: COOPER, JIM
Address: 1232 BACHMAN AVE
City-St-Zip: DELTONA, FL 32735

Title: TR () Delete
Name: MARTIN, CATHY
Address: P. O. BOX 642
City-St-Zip: LAKE HELEN, FL 32744

Title: TR () Delete
Name: ROBERTS, MARY
Address: 192 RANDLE AVE
City-St-Zip: OAK HILL, FL 32759

Title: TR () Delete
Name: JONES, MARY
Address: 458 JOHNS ST
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: SNOWDEN, BUDDY
Address: 321 E OHIO AV
City-St-Zip: LAKE HELEN, FL 32744

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: TR (X) Change () Addition
Name: FARRENS, MIKE
Address: 453 NORRIS LANE
City-St-Zip: LAKE HELEN, FL 32744

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: JIM COOPER

TR

02/06/2008

Electronic Signature of Signing Officer or Director

Date