## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38724

FILED Apr 27, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 134 N EUCLID AVE LAKE HELEN, FL 32744 **Current Mailing Address: New Mailing Address:** 134 N EUCLID AVE LAKE HELEN, FL 32744 FEI Number: 59-2346319 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WISHON, ANTHONY C 134 N EÚCLID AVE. US LAKE HELEN, FL 32744 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ROBERGE, DON MCKENZIE, ANNIE Name: Name: 267 BAXTER ROAD Address: 477 AUSTIN ST Address: City-St-Zip: LAKE HELEN, FL 32744 City-St-Zip: LAKE HELEN, FL 32744 Title: Title: ( ) Delete () Change () Addition SNOWDEN, BUDDY Name: Name: Address: 321 E OHIO AV Address: City-St-Zip: LAKE HELEN, FL 32744 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COOPER, JIM RUCKSTUHL, RICK Name: Name: 1232 BACHMAN AVE 3050 ABERDEEN STABLES RD Address: Address: City-St-Zip: DELTONA, FL 32735 City-St-Zip: DELTONA, FL 32738 Title: TR ( ) Delete Title: TR (X) Change ( ) Addition MARTIN, CATHY Name: Name: SIXMA, JOHNNY 2800 SIXMA DAIRY ROAD Address: P. O. BOX 642 Address: City-St-Zip: LAKE HELEN, FL 32744 City-St-Zip: LAKE HELEN, FL 32744 Title: () Delete Title: () Change () Addition ROBERTS, MARY Name: Name: 192 RANDLE AVE Address: Address: City-St-Zip: OAK HILL, FL 32759 City-St-Zip: Title: () Delete Title: () Change () Addition FARRENS, MIKE Name: Name: Address: 453 NORRIS LANE Address: LAKE HELEN, FL 32744 City-St-Zip: 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: ANNIE MCKENZIE TR 04/27/2009