2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41845

FILED Feb 18, 2009 Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF BARTOW, FLORIDA, INC.

| Current Principal Place of Business: | | | New Principal | New Principal Place of Business: | |
|---|---|----------------------------------|---|--|--|
| | IURCH ST , FL 33830 | | | | |
| Current Mailing Address: | | | New Mailing A | New Mailing Address: | |
| | IURCH ST , FL 33830 | | | | |
| FEI Number | r: 05-0013304 | FEI Number Applied For() | FEI Number Not Applicabl | e () Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent: | Name and Add | dress of New Registered Agent: | |
| WEST, MARY 915 W. MCLEOD ST BARTOW, FL 33830 US | | | 1285 S. JOHNS | MCCROAN, DOROTHY K MRS. 1285 S. JOHNSON AVE. BARTOW, FL 33830 US | |
| | e named entit e of Florida. | y submits this statement for the | e purpose of changing its re | gistered office or registered agent, or both, | |
| SIGNATU | RE: DORO | THY K. MC CROAN | | 02/18/2009 | |
| | Electr | onic Signature of Registered A | gent | Date | |
| OFFICER | S AND DIRE | CTORS: | ADDITIONS/C | HANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | PITTMAN, MA 665 S. WILS | ON AVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | AT WATERS, LA 2140 PATRIC BARTOW, FL | CIA CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CC MCCROAN, I 1285 S JOHN BARTOW, FL | NSON AVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VCD ADKINS, RO' 4033 TONYA LAKELAND, I | СТ | Address: 214 | D (X) Change () Addition NTERS, LARRY J MR. 40 PATRICIA CIRCLE RTOW, FL 33830 | |
| Title: Name: Address: City-St-Zip: | DC COKER, ABN 835 W VINE BARTOW, FL | ST | Address: 160 | (X) Change () Addition WARDS, TRAVIS W MR 08 HIGHPOINT CR. SW NTER HAVEN, FL 33880 | |
| Title: Name: Address: | T HUTTO, THO 2225 S KISS | | Title: Name: Address: | () Change () Addition | |

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: DOROTHY K. MC CROAN CC 02/18/2009