

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2008
Secretary of State**

DOCUMENT# N42699

Entity Name: ADAMSVILLE BAPTIST CHURCH, INC.

Current Principal Place of Business:

4839 E CR 468
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 309
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-3051495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLS, CHARLES
5067 CR 114
WILWOOD, FL 34785 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: DA () Delete
Name: WILLIAMS, JAMES
Address: 6469 CR 601-B
City-St-Zip: BUSHNELL, FL

Title: D () Delete
Name: JEWELL MARTIN,
Address: 7112 CENTRAL AVE.
City-St-Zip: COLEMAN, FL

Title: D () Delete
Name: DOROTHY N. WILLIAMS,
Address: 6469 CR 601B
City-St-Zip: BUSHNELL, FL 33513

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:

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 N. WILLIAMS

#3

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date