

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 31, 2009  
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: DA (X) Change ( ) Addition  
Name: WILLIAMS, JAMES  
Address: 6469 CR 601-B  
City-St-Zip: BUSHNELL, FL 33513

Title: D (X) Change ( ) Addition  
Name: JEWELL MARTIN,  
Address: 7112 CENTRAL AVE.  
City-St-Zip: COLEMAN, FL 33521

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

D

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date