

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43459

FILED
Mar 21, 2009
Secretary of State

Entity Name: SHADY HAMMOCK BAPTIST CHURCH, INC.

Current Principal Place of Business:

1155 SHADY OAKS DR
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7459
INDIAN LAKE ESTATES, FL 33855 US

New Mailing Address:

FEI Number: 59-3077884 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DICKEY, BRYANT H REV.
1308 KEYSTONE POINT
AUBURNDALE, FL 33823 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: D () Delete
Name: DICKEY, BRYANT H PASTOR
Address: 1308 KEYSTONE POINT
City-St-Zip: AUBURNDALE, FL 33823

Title: T () Delete
Name: ALFORD, BILL DEACON
Address: 623 FLAMINGO DR P.O. BOX7097
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: T () Delete
Name: COLLINS, MATTHEW L
Address: 220 BREEZE HILL
City-St-Zip: LAKE WALES, FL 33898

Title: T () Delete
Name: AVARD, DUANE
Address: 902 VALENCIA DR. P.O. BOX 7343
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: T () Delete
Name: HACKLE, TOM
Address: 6225 AVOCADO DRIVE P.O. BOX7606
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: CASTLE, DOUGLAS
Address: 26690 STATE ROAD 60 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: T (X) Change () Addition
Name: MURPHY, RON
Address: 25297 OAKMONT DRIVE
City-St-Zip: LAKE WALES, FL 33898

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: REV. H. BRYANT DICKEY

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date