2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45978

FILED Apr 09, 2009 Secretary of State

Entity Name: COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

217 HILLCREST STREET LAKELAND, FL 33815 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2556 LAKELAND, FL 33806

FEI Number: 59-3104330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEAL, THOMAS R JR 217 HILLCREST STREET LAKELAND, FL 33815 US

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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: MCKIBBEN, CANDACE Name: MOORE, JAN

 Name
 McCrisben, CANDACE
 Name
 McCrisben, SAN

 Address:
 6734 LAYTON CT
 Address:
 409 KUNZE ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32317
 City-St-Zip:
 VENICE, FL 34292

Title: MD () Delete Title: CEO (X) Change () Addition Name: ANDERSON, CAROLYN Name: JOHNSON, RAYMOND E

Name: ANDERSON, CAROLYN Name: JOHNSON, RAYMOND E
Address: 817 LEXINGTON ST Address: 1100 OAKBRIDGE PARKWAY #235

City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33803

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:DIETZ, ROBERTName:HOLLADAY, DÁVIDAddress:2421 NORTH WESTMORELAND DRAddress:1364 MAYBERRY LANE

Address: 2421 NORTH WESTMORELAND DR Address: 1364 MAYBERRY LANE
City-St-Zip: ORLANDO, FL 32804 City-St-Zip: JACKSONVILLE, FL 32221

 $\label{eq:title:SD} \textit{Title:} \qquad \textit{SD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{S} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 JOHNSON, RAY
 Name:
 THROWER, SUE

 Address:
 10775 3RD AVENUE NORTH
 Address:
 4477 HOMEWOOD LANDE

 City-St-Zip:
 ST PETERSBURG, FL 33710
 City-St-Zip:
 LAKELAND, FL 33811

Title: D () Delete Title: () Change () Addition

 Name:
 STRAWN, BUD
 Name:

 Address:
 8623 15TH WAY NORTH
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33702 28
 City-St-Zip:

Title: TD () Delete Title: T (X) Change () Addition

Name: ROOKS, RON Name: ROOKS, RON

 Address:
 ONE BARBADOS AVE,# 2D
 Address:
 ONE BARBADOS AVE,# 2D

 City-St-Zip:
 TAMPA, FL 336063595
 City-St-Zip:
 TAMPA, FL 336063595

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: RAYMOND E. JOHNSON CEO 04/09/2009