

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

**FILED  
Feb 02, 2009  
Secretary of State**

DOCUMENT# N49745

Entity Name: FIRST BAPTIST CHURCH OF SANFORD, INC.

**Current Principal Place of Business:**

519 PARK AVE.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

519 PARK AVE.  
SANFORD, FL 32771

**New Mailing Address:**

519 S. PARK AVE.  
SANFORD, FL 32771

FEI Number: 59-0818916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COLBERT, WILLIAM L.  
519 PARK AVE.  
SANFORD, FL 32771      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: T      ( ) Delete  
Name: COOK, ARTHURENE  
Address: 431 ELLIOTT AVE  
City-St-Zip: SANFORD, FL 32771

Title: TC      ( ) Delete  
Name: COLBERT, WILLIAM L.  
Address: 200 W. 1ST ST. - SUITE 22  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: NOELL, PEGGY  
Address: 519 S. PARK AVE.  
City-St-Zip: SANFORD, FL 32771

Title: T      ( ) Delete  
Name: DUGGAR, JOE  
Address: P O BOX 83  
City-St-Zip: SANFORD, FL 32772

**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:

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: PEGGY G. NOELL

D

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date