

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49822

FILED
Apr 12, 2007
Secretary of State

Entity Name: MADISON STREET BAPTIST CHURCH

Current Principal Place of Business:

900 W MADISON ST
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

900 W MADISON ST
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-6032858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERSON, CHAD DR
10239 SW 80TH PLACE
HAMPTON, FL 32044 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: TR () Delete
Name: CHALKER, ADAM MR
Address: 501 COLLEY RD
City-St-Zip: STARKE, FL 32091

Title: TR () Delete
Name: BOWEN, ROBERT MR
Address: 7715 NW CR 233
City-St-Zip: STARKE, FL 32091

Title: TR () Delete
Name: BLALOCK, CHARLES MR
Address: 523 W EUCLID ST
City-St-Zip: STARKE, FL 32091

Title: CH () Delete
Name: JOHNSON, JEFFERY M MR
Address: 615 LAFAYETTE ST
City-St-Zip: STARKE, FL 32091

Title: TR () Delete
Name: HODGES, MARK MR
Address: 7803 SW CR 18
City-St-Zip: HAMPTON, FL 32044

Title: TR () Delete
Name: CRAWFORD, THOMAS MR
Address: 5252 NW 185TH TERR
City-St-Zip: STARKE, FL 32091

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:

Title: TR (X) Change () Addition
Name: SHEMER, MICHAEL MR
Address: 2229 NW 251ST STREET
City-St-Zip: LAWTEY, FL 32058

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD EVERSON

DR

04/12/2007

Electronic Signature of Signing Officer or Director

Date