

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000716

FILED
Jan 20, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF BRONSON, INC.

Current Principal Place of Business:

457 S. COURT ST.
BRONSON, FL 32621

New Principal Place of Business:

451 S. COURT ST.
BRONSON, FL 32621

Current Mailing Address:

P.O.BOX 520
BRONSON, FL 32621

New Mailing Address:

FEI Number: 59-1865703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNETT, STEVE C
521 CAPITAL ST
BRONSON, FL 32621 US

Name and Address of New Registered Agent:

TURNER, TROY A
775 TOWN COURT
BRONSON, FL 32621 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: TROY A. TURNER

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORRIS, JEANNIE
Address: 8991 NE 60 STREET
City-St-Zip: BRONSON, FL 32621 US

Title: T () Delete
Name: MCKOY, FRANK
Address: PO BOX 165
City-St-Zip: BRONSON, FL 32621 US

Title: D () Delete
Name: GOODSON, LONNIE
Address: P.O. BOX 35
City-St-Zip: BRONSON, FL 32621 US

Title: T () Delete
Name: COBB, DOGAN
Address: PO BOX 7
City-St-Zip: BRONSON, FL 32621 US

Title: TM () Delete
Name: MODISSETT, MINNIE
Address: 298 NORTH COURT STREET
City-St-Zip: BRONSON, FL 32621 US

Title: D () Delete
Name: CONNER, JOE
Address: P O BOX 205
City-St-Zip: BRONSON, FL 32621 US

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
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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: PAULA A. JOHNSON

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date