2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N93000001174

Entity Name: FIRST BAPTIST CHURCH OF MILLIGAN, FLORIDA, INC.

Current Principal Place of Business:

5238 OLD RIVER ROAD
BAKER, FL 32531 US

New Principal Place of Business:

Current Mailing Address:

5238 OLD RIVER ROAD
BAKER, FL 32531 US

New Mailing Address:

FEI Number: 59-3179562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEACOCK, RONALD
1710 DADS ROAD
BAKER, FL 32531 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: JT GARRETT
Address: 1415 GRANDVIEW DR
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: ELSIE GARRETT
Address: 1415 GRANDVIEW DR
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: RONALD PEACOCK
Address: 1710 DADS RD
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: GWEN PEACOCK
Address: 1710 DADS RD
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: WILKINSON, WADE
Address: 5215 HWY 4
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: SARAH BENOIT
Address: 1864 GARRETT MILL RD
City-St-Zip: BAKER, FL 32531

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: ( ) 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: MARIE A GRIFFIN TREA 04/21/2009

Electronic Signature of Signing Officer or Director Date