

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003449

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: COUNTRY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

2601 N. C .HILL RD.  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

2601 N.C HILL RD  
AVON PARK, FL 33825 US

**New Mailing Address:**

FEI Number: 59-3148343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABLES, CLIFFORD M III  
457 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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: TD ( ) Delete  
Name: ROBERTS, RICHARD SR  
Address: 4523 HARDER AVE  
City-St-Zip: SEBRING, FL 33875

Title: T ( ) Delete  
Name: ROBERTS, RICHARD  
Address: 4523 HARDER AVE.  
City-St-Zip: AVON PARK, FL

Title: T ( ) Delete  
Name: KUSEK, BARBARA  
Address: 3293 N HORSESHOE DR  
City-St-Zip: AVON PARK, FL 33825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: ROBERTS, RICHARD C SR  
Address: 4523 HARDER AVE  
City-St-Zip: SEBRING, FL 33875 US

Title: T (X) Change ( ) Addition  
Name: ROBERTS, RICHARD C JR.  
Address: 4523 HARDER AVE.  
City-St-Zip: AVON PARK, FL 33875 US

Title: T (X) Change ( ) Addition  
Name: KUSEK, BARBARA  
Address: 3293 N HORSESHOE DR  
City-St-Zip: AVON PARK, FL 33825 US

Title: TREA ( ) Change (X) Addition  
Name: ROBERTS, JULIA N  
Address: 4523 HARDER AVE.  
City-St-Zip: SEBRING, FL 33875 US

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: JULIA N. ROBERTS

TREA

02/11/2008

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

\_\_\_\_\_  
Date