

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004034

FILED
Apr 19, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF INDIAN LAKE ESTATES, INC.

Current Principal Place of Business:

1561 PK AVE
INDIAN LAKE ESTATES, FL 33855

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7668
INDIAN LAKE ESTATES, FL 33855

New Mailing Address:

FEI Number: 59-3206149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILCHRIST, GREG
2851 POINCIANA
INDIAN LAKE ESTATES, FL 33855 US

Name and Address of New Registered Agent:

BRABSON, JOHN
6511 RED GRANGE
INDIAN LAKE ESTATES, FL 33855 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: JOHN BRABSON

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MORSE, FRANCES
Address: 6476 PALMETTO
City-St-Zip: INDIAN LAKE ESTATES, FL 32755

Title: D () Delete
Name: GILCHRIST, GREG
Address: 2851 POINCIANA
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: D () Delete
Name: BELL, VANCE
Address: 6328 E CR 630
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: BRABSON, JOHN
Address: 6511 RED GRANGE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SWICEGOOD, CAROLYN
Address: 6429 PALMETTO
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: D (X) Change () Addition
Name: BELL, SR., VANCE
Address: 6328 E. COUNTY RD. 630
City-St-Zip: FROSTPROOF, FL 33843

Title: D (X) Change () Addition
Name: KARLAK, RUTH
Address: 2500 PALM
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: D (X) Change () Addition
Name: BARNETT, LOUIS
Address: 6028 AMARYLIS
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

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: CAROLYN SWICEGOOD

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date