

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004696

FILED
Mar 24, 2008
Secretary of State

Entity Name: FIRST BAPTIST CHURCH WEWAHITCHKA, INC.

Current Principal Place of Business:

436 S. HWY 71
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 787
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 59-1114262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEXTON, CHARLES
330 LAND DR
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

EUBANKS, SHEPARD M TRUSTEE
387 LAND DR.
WEWAHITCHKA, FL 32465 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: SHEPARD M. EUBANKS

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SEXTON, CHARLES
Address: P.O. BOX 214
City-St-Zip: WEWAHITCHKA, FL 32465

Title: TR () Delete
Name: WHITMAN, TRAVIS
Address: 157 GOODWIN ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: T () Delete
Name: MAYHANN, DELORES
Address: P.O. BOX 955 NA
City-St-Zip: WEWAHITCHKA, FL 32465

Title: TR () Delete
Name: PATTERSON, FLETCHER
Address: 480 W LAKEVIEW DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: TR (X) Delete
Name: EUBANKS, SHEPARD M
Address: 387 LAND DR
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: EUBANKS, SHEPARD M TRUSTEE
Address: 387 LAND DR.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: TR (X) Change () Addition
Name: WHITMAN, TRAVIS TRUSTEE
Address: 157 GOODWIN ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: T (X) Change () Addition
Name: MAYHANN, DELORES TRUSTEE
Address: P.O. BOX 955 NA
City-St-Zip: WEWAHITCHKA, FL 32465

Title: TR (X) Change () Addition
Name: PATTERSON, FLETCHER TRUSTEE
Address: 480 W LAKEVIEW DR
City-St-Zip: WEWAHITCHKA, FL 32465

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: SHEPARD M. EUBANKS

TR

03/24/2008

Electronic Signature of Signing Officer or Director

Date