

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000264

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: SUWANNEE BAPTIST CHURCH, INC.

## Current Principal Place of Business:

23103 SE 349 HWY  
SUWANNEE, FL 32692 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 147  
SUWANNEE, FL 32692

## New Mailing Address:

FEI Number: 59-3231084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HATCH, LESLIE S  
235 LEON DR  
SUWANNEE, FL 32692 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: T ( ) Delete  
Name: GREENE, LUCILLE  
Address: 12375 SOUTHEAST 349 HIGHWAY  
City-St-Zip: OLD TOWN, FL

Title: TC ( ) Delete  
Name: WEST, CAROL M  
Address: PO BOX 332 (222 SE 204TH ST)  
City-St-Zip: SUWANNEE, FL 32692

Title: TCOD ( ) Delete  
Name: HATCH, LESLIE S  
Address: 235 LEON DRIVE  
City-St-Zip: SUWANNEE, FL

Title: D ( ) Delete  
Name: HAMILTON, HOWARD  
Address: PO BOX 297  
City-St-Zip: SUWANNEE, FL 32692

## 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:

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: CAROL M WEST

TC

01/15/2009

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

\_\_\_\_\_  
Date