

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001690

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF MONTVERDE, INC.

**Current Principal Place of Business:**

17409 8TH STREET  
MONTVERDE, FL 34756 US

**New Principal Place of Business:**

**Current Mailing Address:**

FIRST BAPTIST CHURCH  
P O BOX 560134  
MONTVERDE, FL 34756 US

**New Mailing Address:**

FEI Number: 59-3241149      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILSON, KENT  
9934 SPRINGLAKE DRIVE  
CLERMONT, FL 34711 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: LANE, IRWIN E  
Address: 16525 LOWRY RD  
City-St-Zip: MONTVERDE, FL 34756

Title: T             Delete  
Name: BRIGHT, SIDNEY  
Address: 16431 MAGNOLIA BLUFF  
City-St-Zip: MONTVERDE, FL 34756

Title: TS             Delete  
Name: PEARCE, HELEN  
Address: PO 560656  
City-St-Zip: MONTVERDE, FL 34756

Title: T             Delete  
Name: WILSON, KENT  
Address: 9934 SPRINGLAKE DR.  
City-St-Zip: CLERMONT, FL 34711

**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: KENT WILSON

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date