

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003336

FILED
Feb 18, 2009
Secretary of State

Entity Name: MACFARLANE PARK BAPTIST CHURCH, INC.

Current Principal Place of Business:

1606 NORTH LINCOLN AVENUE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1606 NORTH LINCOLN AVENUE
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3257391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, LORETTA
817 W FRIBLEY STREET
TAMPA, FL 33603 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: PT () Delete
Name: PABLO A. URBAY,
Address: 6108 COLE DR
City-St-Zip: TAMPA, FL 33634

Title: ST () Delete
Name: MOLINA, CARLOS
Address: 1018 BRIDLEWOOD WY
City-St-Zip: BRANDON, FL 33511

Title: TT () Delete
Name: LIBRADA GONZALEZ,
Address: 3315 SPRUCE ST
City-St-Zip: TAMPA, FL 33607

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:

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: ADLYN U. MOLINA

VPT

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date