2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N94000003535

Entity Name: SUMTER BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

4060 CR 108
OXFORD, FL 34484 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 690
SUMTERVILLE, FL 33585 US

New Mailing Address:

FEI Number: 59-3287509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAILEY, C W
3709 CR 214
OXFORD, FL 34484 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:	D	( ) Delete
Name:	KING, MIKE	
Address:	5599 CR 316A	
City-St-Zip:	BUSHNELL, FL 33513	
Title:	D	( ) Delete
Name:	KING, RYAN J.	
Address:	1082 CR 467	
City-St-Zip:	LAKE PANASOFFKEE, FL	
Title:	T	( ) Delete
Name:	BAILEY, MANN	
Address:	PO BOX 218	
City-St-Zip:	OXFORD, FL 34484	
Title:	D	( ) Delete
Name:	ALONSO, RANDY	
Address:	1084 CR 464	
City-St-Zip:	LAKE PANASOFFKEE, FL 33538	
Title:	D	( ) Delete
Name:	THOMAS, RON	
Address:	125 W ANDERSON AVE	
City-St-Zip:	BUSHNELL, FL 33513	

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:	
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: C.W. BAILEY T 03/04/2009

Electronic Signature of Signing Officer or Director — Date