2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003552

FILED Apr 07, 2009 Secretary of State

Entity Nai	me: KINGSW0	DOD BAPTIST CHURCH, INC				
Current Principal Place of Business:			New Principal Place of Business:			
	SSWOOD ROA DRT, FL 32409					
Current Mailing Address:			New Mailing Address:			
	SSWOOD ROA DRT, FL 32409					
FEI Number: 59-3001075 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired (X)		Desired (X)		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
	AMANDA SSWOOD ROA DRT, FL 32409					
	named entity se of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered a	gent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () MC CLEARY, JA 9206 KINGSWC SOUTHPORT, F	OOD ROAD	Title: Name: Address: City-St-Zip:	T (X) Change () Addition MARLOW, W.J. 9206 KINGSWOOD ROAD SOUTHPORT, FL 32409		
Title: Name: Address: City-St-Zip:	D () CLOUGH, DON 906 E 10TH ST LYNN HAVEN, F	Delete	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WEHERLEY, LLOYD 9206 KINGSWOOD RD. SOUTHPORT, FL 32409		
Title: Name: Address: City-St-Zip:	VD () TURNER, MICK PO BOX 1035 SOUTHPORT, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () ROGERS, JOAN 9713 RESOTA E SOUTHPORT, F	BEACH RD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TS () MORRIS, AMAN 9206 KINGSWO SOUTHPORT. F	OOD ROAD	Title: Name: Address: Citv-St-Zip:	() Change () Addition		

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: AMANDA MORRIS SEC 04/07/2009