

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003999

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF HAVANA, INC.

**Current Principal Place of Business:**

116 E 6 AVE  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 586  
HAVANA, FL 32333 US

**New Mailing Address:**

**FEI Number:** 59-1489880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMILLAN, ALEX  
216 LIVE OAK LANE  
HAVANA, FL 32333 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: KENNEDY, TOM  
Address: 4239 LITTLE OSPREY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: CT ( ) Delete  
Name: MCMILLAN, ALEX  
Address: 216 LIVE OAK LANE  
City-St-Zip: HAVANA, FL 32333

Title: T ( ) Delete  
Name: PULVERMULLER, KARL  
Address: 1020 CONRAD HILLS RD  
City-St-Zip: HAVANA, FL 32333

Title: T ( ) Delete  
Name: GLASS, SARAH L  
Address: 432 AMES BARINEAU ROAD  
City-St-Zip: HAVANA, FL 32333

Title: T ( ) Delete  
Name: BURTON, SHEILA  
Address: 83 S. GATE PLACE  
City-St-Zip: HAVANA, FL 32333

**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: T (X) Change ( ) Addition  
Name: HIX, ALLIENE  
Address: 301 6TH AVE.  
City-St-Zip: HAVANA, FL 32333

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: ALEX MCMILLAN

RA

01/23/2009

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

\_\_\_\_\_  
Date