

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004210

FILED  
Feb 01, 2009  
Secretary of State

**Entity Name:** FAITH BAPTIST CHURCH OF MADISON, FL INC.

**Current Principal Place of Business:**

1135 E US 90  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

1135 E US 90  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 59-2292141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SOLAR, PAUL  
118 SW WARREN SVE  
MADISON, FL 32340 US

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

TOLAR, PAUL  
118 S. W. WARREN AVE.  
MADISON, FL 32340 US

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: PAUL TOLAR

02/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CASON, JAMES V  
Address: 788 NE YELLOW PINE AVE  
City-St-Zip: MADISON, FL 32340

Title: DVP ( ) Delete  
Name: WALLER, MADGE  
Address: 514 NE CELOSIA DR  
City-St-Zip: MADISON, FL 32340

Title: DST ( ) Delete  
Name: MURPHY, VIRGINIA  
Address: 221 SOUTHWEST FLORIDA LOOP  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MURPHY, AL  
Address: 221 S. W. FLORIDA LOOP  
City-St-Zip: MADISON, FL 32340

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: VIRGINIA MURPHY

DST

02/01/2009

Electronic Signature of Signing Officer or Director

Date