

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005861

FILED
Mar 17, 2009
Secretary of State

Entity Name: WELLSWOOD BAPTIST HOLDING CO.

Current Principal Place of Business:

5101 NORTH ROME AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5101 NORTH ROME AVE.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-0872067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARSONS, RON
1716 S. ALEXANDER RD.
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

KLINGER, FORREST
5336 OUTLOOK WAY
ZEPHYRHILLS, FL 33541 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: FOREST KLINGER

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMELT, JACK
Address: 3205 WEST SITKA
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: SCOTT, DIANA
Address: 522 TUSCANNY PARK LOOP
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: SWEET, JIMMIE
Address: 15805 SHILLINGTON DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: LOPEZ, HENRY
Address: 2120 W.KENTUCKY
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: PARSONS, RON
Address: 1716 S. ALEXANDER RD.
City-St-Zip: TAMPA, FL 33603

Title: D (X) Delete
Name: GARCIA, MARIO
Address: 2401 BAYSHORE BLVD. APT#203
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KLINGER, FORREST
Address: 5336 OUTLOOK WAY
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALVARADO, JOSE
Address: 4211 WISCONSIN AVENUE
City-St-Zip: TAMPA, FL 33616

Title: D (X) Change () Addition
Name: GARCIA, MARIO
Address: 2401 BAYSHORE BLVD. APT #203
City-St-Zip: TAMPA, FL 33629

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: FORREST KLINGER

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date