

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000103

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** FAITH BAPTIST CHURCH OF POLK COUNTY, INC.

**Current Principal Place of Business:**

922 MAGNOLIA AVENUE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

212 DAIRY ROAD  
AUBURNDALE, FL 33823

**Current Mailing Address:**

P.O. BOX 3339  
WINTER HAVEN, FL 33885

**New Mailing Address:**

**FEI Number:** 59-3289676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATTERSON, RUTH S  
713 ROSE STREET S. #10  
AUBURNDALE, FL 33823 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: SD ( ) Delete  
Name: PARRISH, REBECCA  
Address: 4091 MAHOGANY RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD ( ) Delete  
Name: PATTERSON, RONNIE A  
Address: 713 ROSE STREET S #10  
City-St-Zip: AUBURNDALE, FL 33823

Title: TD ( ) Delete  
Name: PATTERSON, RUTH S  
Address: 713 ROSE STREET S. #10  
City-St-Zip: AUBURNDALE, FL 33823

**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:

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: RONNIE PATTERSON

PD

03/30/2009

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

\_\_\_\_\_  
Date