2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N95000000491

Entity Name: SYLVANIA HEIGHTS FIRST BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

511 LOVEJOY RD. NW
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

511 LOVEJOY RD. NW
FT. WALTON BEACH, FL 32548

New Mailing Address:

511 LOVEJOY ROAD NW
FORT WALTON BEACH, FL 32548

FEI Number: 59-3285238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODGERS, EDDIE J
511 NW LOVEJOY RD.
FT. WALTON BEACH, FL 32548 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:	PD	( ) Delete
Name:	RODGERS, EDDIE J	
Address:	308 N.W. SHIRLEY DRIVE	
City-St-Zip:	FT. WALTON BEACH, FL 32548	
Title:	VD	( ) Delete
Name:	HARMON, WILLIE A	
Address:	918 LAJOLLA LANE	
City-St-Zip:	FT. WALTON BEACH, FL 32548	
Title:	STD	( ) Delete
Name:	FRITZ, HENRY	
Address:	209 NW BURNETTE AVE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	HERNY, SHARONA G	
Address:	209 NW BURNETTE AVE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	HORTON, DOROTHY	
Address:	33 REED PLACE	
City-St-Zip:	FT. WALTON BEACH, FL 32548	

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:	( ) 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: EDDIE J. RODGERS PRES 02/17/2009

Electronic Signature of Signing Officer or Director — Date