2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000000754

1. Entity Name

SHOCKLEY SPRINGS BAPTIST CHURCH, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 18 PM 3:43

Principal Place of Business	Mailing Address
6935 OLD RIVER ROAD BAKER FL 32531	6935 OLD RIVER ROAD BAKER FL 32531

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3470948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLEY, VANUS L
6935 OLD RIVER ROAD
BAKER FL 32531

7. Name and Address of New Registered Agent

Name: Meda Trent
Street Address: 6360 Bill Lundy Rd
City: Laurel Hill FL 32567
Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Meda Trent 7-7-08
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WORLEY, VANUS 6846 OLD RIVER ROAD BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000156109000 05/18/09--01006--019 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADSWORTH, CHARLES 161 MARSHAL DR HOLT FL 32564	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANGSTON, DIANE 6706 OLD RIVER RD. BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MATHIS, ANITA 6949 OLD RIVER RD BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ☑ Change ☐ Addition Meda Trent 6360 Bill Lundy Rd Laurel Hill FL 32567 32567
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRENT, CODY 6360 BILL LUNDY RD. CRESTVIEW FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Meda Trent 7-7-08 850-682-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS