

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
**6935 OLD RIVER ROAD
BAKER FL 32531**

Mailing Address
**6935 OLD RIVER ROAD
BAKER FL 32531**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
Zip Country

4. FEI Number
59-3470948

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

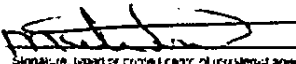
6. Name and Address of Current Registered Agent
**WORLEY, VANUS L
6935 OLD RIVER ROAD
BAKER FL 32531**

7. Name and Address of New Registered Agent

Name  **Meda Trent**
Street Address **6360 Bill Lundy Rd
Laurel Hill FL 32567**

City **FL** 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, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature is not used when resigning) 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	000156109000 ☐ Change ☐ Addition 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
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