

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002027

FILED
Feb 03, 2009
Secretary of State

Entity Name: PHILIPPI BAPTIST CHURCH CEMETERY ASSOC., INC.

Current Principal Place of Business:

1445 SE CR 18
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

1445 SE CR 18
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 59-3294053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALNAKER, NANCY
422 SW STALNAKER CT
FORT WHITE, FL 32038 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: D () Delete
Name: DEMPSEY, NORETIA
Address: RT 2 BOX 5145
City-St-Zip: LAKE CITY, FL 32024

Title: P () Delete
Name: EDWARDS, SARAH T
Address: ROUTE 10 BOX 700
City-St-Zip: LAKE CITY, FL

Title: VP () Delete
Name: CASON, LILLIAN M
Address: ROUTE 2 BOX 5159
City-St-Zip: LAKE CITY, FL

Title: ST () Delete
Name: STALNAKER, NANCY
Address: 422 SW STALNAKER CT
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: HOLTON, IDELL
Address: ROUTE 2
City-St-Zip: LAKE CITY, FL

Title: D () Delete
Name: GRAHAM, NEVIN W
Address: 4236 SE CR 18
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEMPSEY, NORETIA
Address: 1445 SE COUNTY ROAD
City-St-Zip: LAKE CITY, FL 32024

Title: P (X) Change () Addition
Name: EDWARDS, SARAH T
Address: 157 SW TULIP PLACE
City-St-Zip: LAKE CITY, FL 32055

Title: VP (X) Change () Addition
Name: CASON, LILLIAN M
Address: 1621 SE GILES MARTIN AVE
City-St-Zip: LAKE CITY, FL 32024

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

Title: D (X) Change () Addition
Name: HOLTON, IDELL
Address: 374 SE GRASSLAND TERRACE
City-St-Zip: LAKE CITY, FL 32024

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: NANCY STALNAKER

MRS

02/03/2009

Electronic Signature of Signing Officer or Director

Date