## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000991

MCGUIRE, TOM

726 LAKEWOOD DR.

PENSACOLA, FL 32507

Name:

Address:

City-St-Zip:

FILED Apr 09, 2009 Secretary of State

| Entity Nai                                  | me: KLONDI                                      | KE BAPTIST CHURCH, INC.    |   |  |  |
|---|---|----------------------------|---|--|--|
| Current P                                   | rincipal Plac                                   | e of Business:             | New Principal Place                         | New Principal Place of Business:             |  |
|   | NDIKE RD.<br>DLA, FL 32520                      | 3                          |   |  |  |
| Current Mailing Address:                    |   |                            | New Mailing Addres                          | New Mailing Address:                         |  |
|   | NDIKE RD.<br>DLA, FL 32520                      | 3                          |   |  |  |
| FEI Number:                                 | : 59-3174481                                    | FEI Number Applied For ( ) | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of                                      | Current Registered Agent:  | Name and Address                            | Name and Address of New Registered Agent:    |  |
| The above                                   | DEN ST.<br>)<br>DLA, FL 3250                    |                            | purpose of changing its registere           | ed office or registered agent, or both,      |  |
| SIGNATU                                     | RE:   |                            |   |  |  |
| Electronic Signature of Registered Agent    |   |                            | gent  | Date   |  |
| OFFICERS                                    | S AND DIREC                                     | CTORS:                     | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DC (<br>COBB, JOHN<br>4711 COCHIS<br>PENSACOLA, |                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | SEARLES, RIG                                    | T MILE CREEK RD.           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>WEST, CLARI<br>10446 TOWEI<br>PENSACOLA, | R RIDGE RD                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:                                      | D (   | ) Delete                   | Title:                                      | ( ) Change ( ) Addition                      |  |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN D. COBB MR. 04/09/2009