

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003921

FILED
Mar 16, 2009
Secretary of State

Entity Name: AIRLINE BAPTIST CHURCH, INC.

Current Principal Place of Business:

300 NE CR 354
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1450
SR-3543-A
MAYO, FL 32066

New Mailing Address:

P.O. BOX 1450
MAYO, FL 32066

FEI Number: 59-2343711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAWICK, PAUL
5773 EAST US 27
MAYO, FL 32060 US

Name and Address of New Registered Agent:

WALKER, STEVE
638 NE CR 354
MAYO, FL 32066 US

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: STEVE WALKER

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERBY, EVERETT
Address: 1513 SW CR 300
City-St-Zip: MAYO, FL 32066

Title: VPD () Delete
Name: JACKSON, NORMAN ANDY E JR
Address: 284 PAMPAS DR
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: BADGER, JOHN
Address: PO BOX 811
City-St-Zip: MAYO, FL 32066

Title: TD () Delete
Name: SLADE, ROLLIE
Address: 5707 NE CR 354
City-St-Zip: MAYO, FL 32066

Title: SD () Delete
Name: HEWETT, CHARLES B JR
Address: 1916 NE CR 400
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: LAWSON, DEREK
Address: 746 NE CR 410
City-St-Zip: MAYO, FL 32066

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
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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: EVERETT KERBY

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date