2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005810

P O BOX 194

LEE, FL 32059

Address:

City-St-Zip:

Entity Name: LEE FIRST BAPTIST CHURCH, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8157 E US HWY 90 LEE, FL 32059 **Current Mailing Address: New Mailing Address:** 8157 E US HWY 90 8157 E US HWY 90 LEE, FL 32059 LEE, FL 32059 FEI Number: 59-2368706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KINSEY, SIMON A JR 414 NE COUNTY RD 255 LEE, FL 32059 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KINSEY, SIMON A JR Name: Name: 414 NE COUNTY RD 255 Address: Address: LEE, FL 32059 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: MOORE, TOM Name: Address: 1878 SE COUNTY RD 255 Address: City-St-Zip: LEE, FL 32059 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, JOEY Name: Name: 1388 SE COUNTY RD 255 Address: Address: City-St-Zip: LEE, FL 32059 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RYE, JAMES Name: 9481 SW COUNTY RD 143 Address: Address: City-St-Zip: JASPER, FL 32052 City-St-Zip: Title: Title: () Delete () Change () Addition BARRS, EDGAR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARILYN S. HITCHCOCK TRES 03/02/2009