2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 04, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF SANDERSON, INC.

Current Principal Place of Business: New Principal Place of Business: 229 SOUTH 229 SOUTH COUNTY ROAD 229 SANDERSON, FL 32087 SANDERSON, FL 32087 **Current Mailing Address: New Mailing Address:** P.O. BOX 127 SANDERSON, FL 32087 FEI Number: 59-3042461 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: CHRISTMAS, NINA 4558 S COUNTY ROAD 229 GLEN ST. MARY, FL 32040 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LESLIE, TALMADGE Name: Name: 210 NE FOUR SEASONS DR. Address: Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: GATLIN, JAMES Name: Address: 2085 GLORY RD Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition RICHARDSON, JENNIE M HARRIS, NORMA P Name: Name: 5132 RICHARDSON RD 2016 TEAL LANE Address: Address: City-St-Zip: GLEN SAINT MARY, FL 32040 City-St-Zip: MIDDLEBURG, FL 32068 () Delete Title: SD Title: SD (X) Change () Addition CHRISTMAS, NINA Name: CHRISTMAS, NINA Name: 4558 S COUNTY ROAD 229 Address: 4558 S CR 229 Address: City-St-Zip: GLEN SAINT MARY, FL 32040 City-St-Zip: GLEN SAINT MARY, FL 32040

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: NINA CHRISTMAS SD 03/04/2009