

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004491

FILED
Jan 14, 2009
Secretary of State

Entity Name: SANDY ACRES BAPTIST CHURCH INCORPORATED

Current Principal Place of Business:

24998 SE HWY 42
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

P O BOX 298
ALTOONA, FL 327020298

New Mailing Address:

FEI Number: 59-2461262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT E
16150 SE 255TH AVE
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

WILLIAMS, ROBERT E
391 OHIO BLVD
EUSTIS, FL 32726 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: ROBERT E. WILLIAMS

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WILLIAMS, ROBERT E
Address: 16150 SE 255 AVE
City-St-Zip: UMATILLA, FL 32784

Title: T () Delete
Name: PRICE, PHILLIP B
Address: 41914 CARRIE LN
City-St-Zip: ALTOONA, FL 3272

Title: T () Delete
Name: COOK, LAWTON W
Address: 16080 SE 254TH AVE
City-St-Zip: UMATILLA, FL 32784

Title: T () Delete
Name: BROWN, DELMAR
Address: P.O. BOX 53
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WILLIAMS, ROBERT E
Address: 391 OHIO BLVD
City-St-Zip: EUSTIS, FL 32726

Title: () Change () Addition
Name:
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: ROBERT E. WILLIAMS

MR

01/14/2009

Electronic Signature of Signing Officer or Director

Date