2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005448

Entity Name: REGENCY BAPTIST CHURCH, INC.

FILED Jul 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8020 WASHINGTON ST PORT RICHEY, FL 34668 US **Current Mailing Address: New Mailing Address:** 8020 WASHINGTON ST PORT RICHEY, FL 34668 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARNER, STEVEN MARQUART, DAVID 13434 SUSAN DRIVE 3608 EISENHOWER DRIVE HUDSON, FL 34667 US HOLIDAY, FL 34691 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: DAVID MARQUART 07/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GARNER, STEVEN MARQUART, DAVID Name: Name: 13434 SUSAN DR. Address: 3608 EISENHOWER DRIVE Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HOLIDAY, FL 34691 Title: () Delete Title: () Change () Addition GILDON, MIKE Name: Name: Address: 8715 BERMUDA LANE Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: (X) Change () Addition BROWN, DIANE Name: TATE, JILL Name: 13211 SUMPTER CIRCLE Address: 6817 GARDEN DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: HUDSON, FL 34667 Title: Title: () Change () Addition () Delete Name: MILLER, EDDIE Name: Address: 4330 GLEN MOOR LANE Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: () Change () Addition OLDS, THEDA Name: Name: 7706 HOMER AVE Address: Address: City-St-Zip: HUDSON, FL 34667 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JILL TATE TREA 07/21/2009

() Delete

NEW PORT RICHEY, FL 34652

BROWN, DIANE

6817 GARDEN DR

Title:

Name:

Address:

City-St-Zip:

() Change () Addition