

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000285

FILED
Feb 17, 2009
Secretary of State

Entity Name: MIDDLE FLORIDA BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

349 SW CAPTAIN BROWN RD
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

P O BOX 702
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-2349085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, GENE
349 SW CAPTAIN BROWN RD
MADISON, FL 32341 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: FAGLIE, ROY
Address: 545 W LAKE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: JOHNSON, ROBERT
Address: 16380 SW CR 14
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: SAPP, ANN
Address: RR 1 BOX 930
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BRADLEY, OLIVER
Address: PO BOX 463
City-St-Zip: MADISON, FL 32341

Title: D () Delete
Name: HARN, CARON
Address: 124 NE CR 255
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: PAGE, JERRY
Address: 1691 NW CONCORD CHURCH RD
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BENNETT, MURRELL
Address: 4618 BRIGGS ROAD
City-St-Zip: VALDOSTA, GA 31601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAPP, ANN
Address: 3105 SW CR 360
City-St-Zip: MADISON, FL 32340

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WINDHAM, LAVON
Address: P O BOX 397
City-St-Zip: MAYO, FL 32066

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: GENE STOKES

RA

02/17/2009

Electronic Signature of Signing Officer or Director

Date