2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N98000001501

Entity Name: FELLOWSHIP BAPTIST CHURCH OF RAIFORD, INC.

Current Principal Place of Business:

HWY. 121, P. O. BOX 338
RAIFORD, FL 32083

New Principal Place of Business:

Current Mailing Address:

HWY. 121, P. O. BOX 338
RAIFORD, FL 32083

New Mailing Address:

FEI Number: 59-2624700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COOPER, JOHN S
100 W. CALL ST.
STARKE, FL 32091 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: D ( ) Delete
Name: GRIFFIS, GERALD
Address: P. O. BOX 494
City-St-Zip: RAIFORD, FL 32083 US

Title: T ( ) Delete
Name: NORMAN, LINDA
Address: P.O. BOX 310
City-St-Zip: WORTHINGTON SPRINGS, FL 32697 US

Title: C ( ) Delete
Name: SINGLETARY, GENA
Address: P.O. BOX 44
City-St-Zip: RAIFORD, FL 32083 US

Title: D ( ) Delete
Name: SINGLETARY, ROY
Address: P. O. BOX 44
City-St-Zip: RAIFORD, FL 32083 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LINDA NORMAN T 04/03/2009

Electronic Signature of Signing Officer or Director — Date