

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005065

FILED
Jul 03, 2009
Secretary of State

Entity Name: PYRON CHAPEL BAPTIST CHURCH, INC.

Current Principal Place of Business:

6498 WILLIAM GARY JOHNSON ROAD
BAKER, FL 32531

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357
BAKER, FL 32531

New Mailing Address:

FEI Number: 59-3545035 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

JORDAN, CATHY M
6344 CARANN PLACE
BAKER, FL 32531 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:

Title: D () Delete
Name: BARNHILL, DOROTHY
Address: 6798 HWY 189 N
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: MARSHALL, HELEN
Address: 1423 VINSON RAY RD /PO BOX 307
City-St-Zip: BAKER, FL 32531

Title: T () Delete
Name: BARROW, TOMMY
Address: 6399 OLD RIVER RD
City-St-Zip: BAKER, FL 32531

Title: T () Delete
Name: JOHNSON, VIRGINIA
Address: 6302 WILLIAM GARY JOHNSON
City-St-Zip: BAKER, FL 32531

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: DOROTHY BARNHILL

D

07/03/2009

Electronic Signature of Signing Officer or Director

Date