

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005507

FILED
Jan 23, 2008
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF HORSESHOE BEACH, INCORPORATED

Current Principal Place of Business:

25 MAIN STREET
HORSESHOE BEACH, FL 32648

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 157
HORSESHOE BEACH, FL 32648

New Mailing Address:

FEI Number: 59-2749885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIVEY, JACK D
68 WEST 6TH AVENUE
HORSESHOE BEACH, FL 32648 US

Name and Address of New Registered Agent:

BLOODWORTH, JOHN
1090 SW 10TH STREET
CROSS CITY, FL 32628 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: JOHN BLOODWORTH

01/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SPIVEY, JACK D
Address: 68 WEST 6TH AVENUE
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: T () Delete
Name: BLOODWORTH, JOHN
Address: 1ST AVE WEST
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: T () Delete
Name: CLARK, NORMAN
Address: 6TH AVE E
City-St-Zip: HORSESHOE BEACH, FL 32648

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MCLAIN, CHARLES
Address: P.O. BOX 392
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: T (X) Change () Addition
Name: BLOODWORTH, JOHN
Address: 1090 SW 10TH STREET
City-St-Zip: CROSS CITY, FL 32628

Title: T (X) Change () Addition
Name: CLARK, NORMAN
Address: P.O. BOX 156
City-St-Zip: HORSESHOE BEACH, FL 32648

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: LESLIE MILLER

CLK

01/23/2008

Electronic Signature of Signing Officer or Director

Date