

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001554

FILED
Jan 13, 2009
Secretary of State

Entity Name: ATHENS BAPTIST CHURCH, INC.

Current Principal Place of Business:

9090 SW COUNTRY RD
240
LAKE CITY, FL 32024

New Principal Place of Business:

9090 SW COUNTY RD 240
LAKE CITY, FL 32024

Current Mailing Address:

9090 SW COUNTRY RD
240
LAKE CITY, FL 32024

New Mailing Address:

9090 SW COUNTY RD. 240
LAKE CITY, FL 32024

FEI Number: 59-3630016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITCHINGS, WALLACE F
8060 SW COUNTY RD
240
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

KITCHINGS, WALLACE F
8060 SW COUNTY RD 240
LAKE CITY, FL 32024 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:

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEEKS, LEON
Address: 8619 SW COUNTY RD, 240
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: KITCHINGS, WALLACE F
Address: 8060 SW COUNTY RD, 240
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: FAUL, HARVEY C
Address: 1422 SW ICHETUCKNEE AVE
City-St-Zip: LAKE CITY, FL 32024

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:

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: HARVEY C. FAUL

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date