

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004863

FILED
Mar 31, 2009
Secretary of State

Entity Name: FOREST GROVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

22575 NW 94TH AVE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

22575 NW 94TH AVE
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 58-2496778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELLON, KATHY
22575 NW 94TH AVE
ALACHUA, FL 32615 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: S/D () Delete
Name: CELLON, KATHY
Address: 23028 N.W. COUNTY RD. 2054
City-St-Zip: ALACHUA, FL 32615

Title: VD () Delete
Name: PASS, GENE
Address: 114 NW 180TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: BURNETT, TIM
Address: 17121 NW 181ST STREET
City-St-Zip: ALACHUA, FL 32615

Title: T/D () Delete
Name: BRADDY, MATTHEW
Address: 17579 NW 181ST STREET
City-St-Zip: ALACHUA, FL 32615

Title: P/D () Delete
Name: WILSEY, BILLY
Address: 21103 NW 78TH AVENUE
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BURNETT, TIM
Address: 17121 NW 102ND TERRACE
City-St-Zip: ALACHUA, FL 32615

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: KATHY CELLON

S/D

03/31/2009

Electronic Signature of Signing Officer or Director

Date