

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735506

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.

**Current Principal Place of Business:**

910 BAY AVE.  
DEFUNIAK SPRGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

910 BAY AVE.  
DEFUNIAK SPRGS, FL 32433

**New Mailing Address:**

**FEI Number:** 59-1603625      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRICE, JOHN  
1048 BAY AVENUE  
DEFUNIAK SPGS, FL 32433      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: CARROLL, DONALD  
Address: 2845 COUNTY HWY 183 NORTH  
City-St-Zip: DEFUNIAK SPRGS, FL 00000,

Title: D      ( ) Delete  
Name: GRICE, JOHN  
Address: 1048 BAY AVENUE  
City-St-Zip: DEFUNIAK SPRGS, FL 00000,

Title: D      ( ) Delete  
Name: GRINER, RALPH  
Address: PO BOX 194 668 PEAK CANTON RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**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: JOHN GRICE

Electronic Signature of Signing Officer or Director

MR

04/23/2009

\_\_\_\_\_ Date