


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000000732</b> 1. Entity Name <b>SECOND WEST FLORIDA MISSIONARY BAPTIST ASSOCIATION, INC.</b>	
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FILED

07 JAN 12 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 775 MARIANNA, FL 32447-0775	Mailing Address 4753 RIVER ROAD BOSCOM, FL 32423
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2. Principal Place of Business - No P.O. Box # 4110 <i>Hawkington St</i> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01122007 Chg-NP CR2E037 (12/06) **07**

City & State <i>Marianna, FL</i>	City & State
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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Zip 32446	Country <i>(Jackson)</i>	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCCOLLOUGH, DR. H.G. REV. 4753 RIVER RD. BASCOM, FL 32423	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	MD MCCOLLOUGH, H. G. REV	TITLE	
NAME		NAME	
STREET ADDRESS	4753 RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	BASCOM, FL 32423	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T HARVEY, WILLIAM REV	TITLE	
NAME		NAME	
STREET ADDRESS	2926 OLD US ROAD	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32446	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD WILSON, PRINCE REV	TITLE	
NAME		NAME	
STREET ADDRESS	1205 BIRD AVE	STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY, FL 32428	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rene H.G. McCollough* 1/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #