


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 046 ****61.25

DOCUMENT # N0400000229			
1. Entity Name FIRST AFRICAN MISSIONARY BAPTIST CHURCH, INC.			
Principal Place of Business 433 PALMETTO AVENUE GREEN COVE SPRINGS, FL 32043		Mailing Address P.O. BOX 95 GREEN COVE SPRINGS, FL 32043 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2899442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TURNER, STANLEY L 433 PALMETTO AVENUE GREEN COVE SPRINGS, FL 32043		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, FRED	NAME	
STREET ADDRESS	433 PALMETTO AVE	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGAN, THOMAS	NAME	Jenkins, Clarence Jr.
STREET ADDRESS	433 PALMETTO AVENUE	STREET ADDRESS	433 Palmetto Ave.
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP	Green Cove Springs FL 32043
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIELS, LARRY	NAME	
STREET ADDRESS	433 PALMETTO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, STANLEY L	NAME	
STREET ADDRESS	433 PALMETTO AVE	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, PEARL	NAME	
STREET ADDRESS	433 PALMETTO AVE	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, KENNETH	NAME	
STREET ADDRESS	433 PALMETTO AVE	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP	
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 687, 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 be empowered.			
SIGNATURE _____		4/30/08 904276-3700	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	