

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

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

DOCUMENT# N04000000229

**Entity Name:** FIRST AFRICAN MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

433 PALMETTO AVENUE  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 95  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 59-2899442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TURNER, STANLEY L  
433 PALMETTO AVENUE  
GREEN COVE SPRINGS, FL 32043 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: DP ( ) Delete  
Name: DOUGLAS, FRED  
Address: 433 PALMETTO AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: DS ( ) Delete  
Name: JENKINS, JR, CLARENCE  
Address: 433 PALMETTO AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: DT ( ) Delete  
Name: MCDANIELS, LARRY  
Address: 433 PALMETTO AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DV ( ) Delete  
Name: TURNER, STANLEY L  
Address: 433 PALMETTO AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: GOLDEN, PEARL  
Address: 433 PALMETTO AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: FRANCIS, KENNETH  
Address: 433 PALMETTO AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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:

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: STANLEY L. TURNER

DV

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date