

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002173

FILED
Feb 05, 2009
Secretary of State

Entity Name: CHIEF CORNERSTONE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

3125 SOUTH MAIN STREET
MELBOURNE, FL 32901

New Principal Place of Business:

3125 MAIN STREET
MELBOURNE, FL 32901

Current Mailing Address:

3125 SOUTH MAIN STREET
MELBOURNE, FL 32901

New Mailing Address:

3125 MAIN STREET
MELBOURNE, FL 32901

FEI Number: 01-0728572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WASHINGTON, HEATHER
370 BROOKCREST CIRCLE
ROCKLEDGE, FL 32955 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: WASHINGTON, HEATHER
Address: 370 BROOKCREST CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS () Delete
Name: HOLLOWAY, ROSE
Address: 931 HOOPER AVE NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: MC GOWAN, QUEEN
Address: 811 DUTCH CT SE
City-St-Zip: PALM BAY, FL 32909

Title: DT () Delete
Name: PRESSLEY, WILLIAM
Address: 805 E UNIVERSITY BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: DV () Delete
Name: KEY, BETTYE
Address: 3319 HENRY ST
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: NELEMS, CHARLIE
Address: 2254 HENRY ST NE
City-St-Zip: PALM BAY, FL 32905

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: BETTYE J. KEY

DV

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date