2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N01000008808

Entity Name: SHADY SEA MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

47 SHADY SEA ST
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

47 SHADY SEA ST
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 02-0531022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARCE, DANIEL
92 MERWYN DR
CRAWFORDVILLE, FL 32327 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: T ( ) Delete
Name: BROWN, ALASKA
Address: 152 ALASKA BROWN RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TT ( ) Delete
Name: GRAY, CHINA
Address: 3588 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: SPENCE, JEAN
Address: 1143 JEFFREY RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: NICHOLS, CLYDE
Address: 132 APPOLOOSA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete
Name: NICHOLS, MARY
Address: 132 APPOLOOSA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete
Name: KILGORE, GLADYS
Address: 9 BB CIR
City-St-Zip: CRAWFORDVILLE, FL 32312

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: T (X) Change ( ) Addition
Name: BROWN, JOHN
Address: 152 ALASKA BROWN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T (X) Change ( ) Addition
Name: PORTER, ALBERT
Address: 1201 PORTER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JEAN SPENCE S 04/28/2008

Electronic Signature of Signing Officer or Director — Date