

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727351

FILED
Mar 21, 2009
Secretary of State

Entity Name: MT. HERMON MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

400 S. LEVIS AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

400 S. LEVIS AVENUE
P.O. BOX 265
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-2955629 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLE, BRADLEY
301 LEVIS AVENUE
TARPON SPRINGS, FL 34689 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: D () Delete
Name: MURRAY, JO ANN
Address: 505 E MORGAN STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: O () Delete
Name: NEAL, WILLIE
Address: 143 FEATHER RUN DR
City-St-Zip: DUNEDIN, FL 34698 US

Title: T () Delete
Name: HERRING, LINDA
Address: 919 HUNTER LANE
City-St-Zip: TARPON SPRINGS, FL

Title: D () Delete
Name: BELL, STEPHANIE
Address: 2940 ST. JOHN DR
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: MURRAY, HENRY
Address: 505 E MORGAN ST
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: PD () Delete
Name: SMITH, MILTON B REV.
Address: 2253 WHITEWOOD AVE
City-St-Zip: SPRING HILL, FL 34609 US

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
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Title: () Change () Addition
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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: JOANN MURRAY

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date