

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008808

FILED
Apr 12, 2009
Secretary of State

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:

AYERS, ED
1056 LONGSTREET DR.
TALLAHASSEE, FL 32327 US

Name and Address of New Registered Agent:

AYERS, ED
1056 LONGSTREET DR.
TALLAHASSEE, FL 32311 US

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: _____

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: A () Delete
Name: AYERS, ED
Address: 1056 LONGSTREET DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: AYERS, TERESA
Address: 1056 LONGSTREET DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: BROWN, ALASKA
Address: 152 ALASKA BROWN RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: T () Delete
Name: PORTER, TERESA
Address: 1201 PORTER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AD (X) Change () Addition
Name: AYERS, ED
Address: 1056 LONGSTREET DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: T/T (X) Change () Addition
Name: AYERS, TERESA
Address: 1056 LONGSTREET DR.
City-St-Zip: TALLAHASSEE, FL 32311

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: ED AYERS

AD

04/12/2009

Electronic Signature of Signing Officer or Director

Date