

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002661

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** PHILIPPI MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

9232 GIBSON AVENUE  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

**Current Mailing Address:**

9232 GIBSON AVENUE  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

**FEI Number:** 59-3160966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BELL, WILLIE S DEACON  
4663 PORTSMOUTH AVENUE  
JACKSONVILLE, FL 32208 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:** EX D  
**Name:** PERRY, BRODES C PASTOR  
**Address:** 451 SHERWOOD OAKS DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32073 US

**Title:** D  
**Name:** WILLIAMS, FELICIA Y FINANCE  
**Address:** P. O. BOX 12063  
**City-St-Zip:** JACKSONVILLE, FL 32209 US

**Title:** D  
**Name:** MITCHELL, ANDERSON DEACON  
**Address:** 4510 WILLIAMSBURG AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

**Title:** D  
**Name:** ODUM, BETTY LEADER  
**Address:** 5218 DEVRON DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32209 US

**Title:** D  
**Name:** PERRY, CALVETTA C CLERK  
**Address:** 2320 TOURIST STREET  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

**Title:** D  
**Name:** WRIGHT, DIANE H LEADER  
**Address:** 4820 LOCKSLEY AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIE S. BELL

DEA.

03/29/2011

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

\_\_\_\_\_  
Date