

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000732

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC9711261040**

**Entity Name:** SECOND WEST FLORIDA MISSIONARY BAPTIST ASSOCIATION, INC.

**Current Principal Place of Business:**

4110 HERRING STREET  
MARIANNA, FL 32446

**Current Mailing Address:**

4759 RIVER ROAD  
BASCOM, FL 32423

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

MCCOLLOUGH, DR. H.G. REV.  
4759 RIVER RD.  
BASCOM, FL 32423 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name MCCOLLOUGH, H. G. REV  
Address 4759 RIVER ROAD  
City-State-Zip: BASCOM FL 32423

Title T  
Name HARVEY, WILLIAM REV  
Address 2926 OLD US ROAD  
City-State-Zip: MARIANNA FL 32446

Title SD  
Name WILSON, PRICE REV  
Address 1205 BIRD AVE  
City-State-Zip: CHIPLEY FL 32428

*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: REV. DR. H.G. MCCOLLOUGH

MODERARTOR

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date