2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800000032

Entity Name: NEW JUDSON MISSIONARY BAPTIST CHURCH, INC.

FILED
Apr 08, 2013
Secretary of State
CC8955258695

Current Principal Place of Business:

717 EAST 7TH COURT

PANAMA CITY, FL 32401-3517

Current Mailing Address:

717 EAST 7TH COURT

PANAMA CITY, FL 32401-3517 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASSLIENO, SR., LYNVA N 1009 N. HARRIS AVENUE PANAMA CITY, FL 32401 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: LYNVA N. MASSLIENO, SR. 04/08/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

| Title | Р | Title | CHAIRMAN, DEACON, TREASURER |
|-------|---|-------|-----------------------------|
|-------|---|-------|-----------------------------|

NameWHITE, BOBBY LNameJOHNSON, WESLEY JAddress713 SATSUMA AVENUEAddress1406 EAST 9TH STREETCity-State-Zip:PANAMA CITY FL 32401City-State-Zip:PANAMA CITY FL 32401

Title TRUSTEE, CHAIRMAN Title DEACON

NameMASSLIENO, LYNVA NNameSPEARS, WILLIE DSRAddress1009 HARRIS AVENUEAddress912 EAST 7TH COURTCity-State-Zip:PANAMA CITY FL 34201City-State-Zip:PANAMA CITY FL 32401

Title DEACON, TRUSTEE Title TRUSTEE

NameMCCLAIN, TONYNameHERRING, JOHNAddress611 BAY AVENUEAddress2882 TUPELO DR.

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32405

Title FINANCIAL SECRETARY Title CORRESPONDING SECRETARY

Name CONNER, IDA Name NELSON, DEATRICE S

Address 1407 MISSISSIPPI AVENUE Address 3702 E 1ST CT

City-State-Zip: PANAMA CITY FL 32444 City-State-Zip: PANAMA CITY FL 32401

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: LYNVA N. MASSLIENO RA

Electronic Signature of Signing Officer/Director Detail

04/08/2013 Date