2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# 702890

Entity Name: FLORIDA PRIMITIVE BAPTIST DEACON'S ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2791 N. PINE ISLAND RD.
212
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2791 N. PINE ISLAND RD.
212
SUNRISE, FL 33322

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERFORD, HERMAN L.
2791 N. PINE ISLAND ROAD #212
SUNRISE, FL 33322 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: PD ( ) Delete
Name: HINTON, NALLIE L
Address: 1129 OLD DIXIE HWY.
City-St-Zip: CALLAHAN, FL 32011

Title: VD ( ) Delete
Name: RONALD, CAVES
Address: 133 GATEA RD
City-St-Zip: HOLLYWOOD, FL 33024

Title: TD ( ) Delete
Name: SUMMERFORD, HERMAN L
Address: 2791 N. PINE ISLAND RD. #212
City-St-Zip: SUNRISE, FL 33322

Title: SD ( ) Delete
Name: DARBY, TOM
Address: 7226 GLENDINE DR. N
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: PD ( ) Change (X) Addition
Name: SUMMERFORD, HERMAN L
Address: 2791 N. PINE ISLAND ROAD #212
City-St-Zip: SUJNRISE, FL 33322 US

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: HERMAN L. SUMMERFORD PD 02/14/2009

Electronic Signature of Signing Officer or Director — Date