2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# 703868

Entity Name: MCCORMICK ROAD BAPTIST CHURCH, INC.

Current Principal Place of Business:

2100 MCCORMICK RD
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2100 MCCORMICK RD
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 50-0517015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFIN, DON
4916 SHETLAND TRAIL
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

ST. CLAIR, ED
3000 CLARCONA RD.
LOT 813
ORLANDO, FL 32703 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: TOM BOWMAN 07/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOWMAN, TOM
Address: 17643 COUNTY ROAD 448
City-St-Zip: MOUNT DORA, FL 32757

Title: SD ( ) Delete
Name: SMITH, RONALD E
Address: 7302 LAZY HILL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete
Name: BOWMAN, HAROLD
Address: 4521 JIM GLENN DR
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MATHEWS, CHARLIE
Address: 5330 GREEN VELVET CRT.
City-St-Zip: ORLANDO, FL 32808

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: TOM BOWMAN PD 07/09/2009
Electronic Signature of Signing Officer or Director Date