2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707681

FILED Apr 20, 2009 Secretary of State

Entity Name: MOUNT RAYMOND BAPTIST CHURCH, INC.

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
2410 4TH AVENUE E. P.O. BOX 1272 PALMETTO, FL 342212745				2410 4TH AVENUE E. PALMETTO, FL 342212745	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
2410 4TH AVENUE E. P.O. BOX 1272 PALMETTO, FL 342212745			P. O, BOX 1272 PALMETTO, FL 3	P. O, BOX 1272 PALMETTO, FL 342212745	
FEI Number	: 59-2434048	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
1492 17TH PALMETT	O, FL 33561	US submits this statement for the p	urpose of changing its regis	tered office or registered agent, or both,	
	e of Florida.		,	,	
SIGNATUI					
	Electro	nic Signature of Registered Age	nt	Date	
OFFICER:	S AND DIREC	TORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	C (POLLARD, DO 1492 17TH ST. PALMETTO, FI	W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (YAWN, JOHNN 1807 1ST AVE PALMETTO, FL	NUE EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (WILLIAM, FRA 2804 2ND AVE PALMETTO, FL	NUE EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	MD (GREEN, CLAR 308 21ST STR PALMETTO, FI	EET WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M (BENNETT, JOE 512 21ST ST. I PALMETTO, FI	Ξ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M (RANDOLPH, O 1903 5TH AVEI PALMETTO, FI	NUE WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FRANCIS WILLIAMS TD 04/20/2009