

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708615

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** EVERGREEN INDEPENDENT MISSIONARY BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

**Current Principal Place of Business:**

DAVENPORT FLA., INC.  
S. 547, BOX 300  
LOUGHMAN, FL 33858

**New Principal Place of Business:**

**Current Mailing Address:**

DAVENPORT FLA., INC.  
S. 547, P.O. BOX 300  
LOUGHMAN, FL 33858

**New Mailing Address:**

**FEI Number:** 05-0063407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOTEN, LESLIE E  
3550 PLEASANT HILL RD  
KISSIMMEE, FL 34746 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: D ( ) Delete  
Name: ROBBINS, HAROLD E.  
Address: 3325 HAM BROWN RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: VICKERS, BRUCE  
Address: 4528 REAVES RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: WOOTEN, GUY  
Address: 5594 SHARON AVE BOX 211  
City-St-Zip: INTERCESSION, FL 33848

Title: S ( ) Delete  
Name: WOOTEN, MARTHA J.  
Address: 3550 PLEASANT HILL RD.  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROBBINS, HAROLD E  
Address: 3325 HAM BROWN RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: T (X) Change ( ) Addition  
Name: VICKERS, BRUCE E  
Address: 4528 REAVES RD  
City-St-Zip: KISSIMMEE, FL 34746

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

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: BRUCE E. VICKERS

T

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date