

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708615

FILED
Apr 14, 2009
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 E
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: () 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:

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date