

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90041 002 \*\*\*\*61.25

<b>DOCUMENT # 710381</b> 1. Entity Name <b>THE FIRST MISSIONARY BAPTIST CHURCH OF KENANSVILLE, FLORIDA, INC.</b>					
Principal Place of Business <b>760 S CANOE CREEK RD KENANSVILLE, FL 34739</b>			Mailing Address <b>STATE ROAD 523 PO BOX 103 KENANSVILLE, FL 34739</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2471103</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAIDEN, GLENN R GRANT BASS ROAD STATE ROAD 523 AND GRANT BASS RD KENANSVILLE, FL 34739</b>			7. Name and Address of New Registered Agent Name <b>PAUL GREENING</b> Street Address (P.O. Box Number is Not Acceptable) <del>255</del> <b>255 N MYRTLE DR</b> City <b>KENANSVILLE</b> FL <b>34739</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><b>PAUL GREENING</b></u> <i>Paul Greening</i> <b>4/13/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIDEN, GLENN R GRANT BASS RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW MURRAY 2122 16th STREET ST CLOUD FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, WALTER T. LAKE MARION ROAD KENANSVILLE, FL 34739	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH MCWHORTER 553 HORIZON DRIVE KENANSVILLE FL 34739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIS, VICKERS FAY 705 VICKERS ROAD KENANSVILLE, FL 34739	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, DONALD VICKERS RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLLINS, ESTHER 1370 LAKE MARIAN ROAD KENANSVILLE, FL 34739	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><b>Esther Collins</b></u> <b>ESTHER COLLINS</b> <b>4/10/08</b> <b>407-436-1589</b> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>					

60025149



04102008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$81.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: **Esther Collins** **ESTHER COLLINS** **4/10/08** **407-436-1589**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #