2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 713027

Entity Name: SEMINOLE BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

1895 E GRAVES AVE.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

PO BOX 741147
ORANGE CITY, FL 32774

New Mailing Address:

FEI Number: 59-1944513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINS, KIM TREASUR
1895 E. GRAVES AVENUE
ORANGE CITY, FL 32763 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: PCD ( ) Delete
Name: HIMES, MEL
Address: 2125 E. PARKTON DRIVE
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete
Name: MCDANIEL, TOM
Address: 139 NEAL DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TD ( ) Delete
Name: GREGORY, GENE
Address: 130 GARFIELD ROAD
City-St-Zip: ENTERPRISE, FL 32725

Title: TD ( ) Delete
Name: JAQUES, GENE
Address: 312 KIMBERLY COURT
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete
Name: FREEMON, DUMONT
Address: 835 ARLENE DRIVE
City-St-Zip: DELTONA, FL 32725

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:

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: MRS. KIM HIGGINS RA 04/13/2009

Electronic Signature of Signing Officer or Director — Date