2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716319

FILED Sep 15, 2009 Secretary of State

Entity Name: FAITH MEMORIAL MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1800 18TH AVENUE, SOUTH 1800 18TH AVENUE SOUTH ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712 US

Current Mailing Address: New Mailing Address:

1800 18TH AVENUE, SOUTH 1800 18TH AVENUE SOUTH ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712 US

FEI Number: 59-3566898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FRANKLIN, VILLA DON 2925 35TH TERRACE SOUTH ST. PETERSBURG, FL 33712

OFFICERS AND DIRECTORS:

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

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FRANKLIN, VILLA DON FRANKLIN, VILLA D Name: Name: 2925 35TH TERRACE S Address: 2925 35TH TERRACE S. Address:

City-St-Zip: ST PETERSBURG, FL 33712 US City-St-Zip: ST PETERSBURG, FL 33712 US

Title: VC () Delete Title: (X) Change () Addition DIXON, HERBERT Name: DIXON, HERBERT Name:

Address: 2125 ANASTHASIA WAY S. Address: 2125 ANASTHASIA WAY S. City-St-Zip: ST PETERSBURG, FL 33712 US City-St-Zip: ST PETERSBURG, FL 33712 US

Title: () Delete Title: (X) Change () Addition

ANDERS, ROBERT REDIX, FRED Name: Name: 1841 ALMERIA WAY SOUTH Address: Address: 5868 8TH STREET S.

City-St-Zip: ST. PETERSBURG, FL 33712 US City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: (X) Delete Title: () Change () Addition

Name: REDIX, FREDDIE O. Name: 5868 8TH STREET S. Address: Address: City-St-Zip: ST PETERSBURG, FL 33712 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

BARTON, TIMOTHY Name: Name: 820 19TH STREET S Address: Address: City-St-Zip: ST PETERSBURG, FL 33712 US 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: VILLA DON FRANKLIN Ρ 09/15/2009