

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716647

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** FAITH MISSIONARY BAPTIST CHURCH OF SEBRING, INC.

**Current Principal Place of Business:**

1708 LAGRANGE AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1708 LAGRANGE AVENUE  
P.O. BOX 1139  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 05-0013500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYLE, HARRY  
1807 MYRTLE AVE  
SEBRING, FL 33870 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: PD ( ) Delete  
Name: PYLE, HARRY  
Address: 1807 MYRTLE AVE  
City-St-Zip: SEBRING, FL 33870

Title: VPD ( ) Delete  
Name: CROWLEY, BERNIE  
Address: 1407 WHISPER CIRCLE  
City-St-Zip: SEBRING, FL 33870

Title: STD ( ) Delete  
Name: CORIELL, CHARLES  
Address: 1728 W DINNER LAKE DR  
City-St-Zip: SEBRING, FL 33870

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

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

Title: SEC (X) Change ( ) Addition  
Name: PYLE, VIVIAN  
Address: 1807 MYRTLE AVE  
City-St-Zip: SEBRING, FL 33870

Title: TRES (X) Change ( ) Addition  
Name: CORIELL, CHARLES  
Address: 1728 W DINNER LAKE DR  
City-St-Zip: SEBRING, FL 33870

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: CHARLES CORIELL

TRES

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date