

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717041

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** MT. GILBOA MISSIONARY BAPTIST CHURCH OF BARTOW, FLORIDA, INC.

**Current Principal Place of Business:**

1205 MARTIN LUTHER KING JR. BLVD.  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1533  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 59-2424921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BONNEY, DERRIEN A REV  
1205 DR. MARTIN LUTHER KING, JR BLVD  
BARTOW, FL 33830 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: P ( ) Delete  
Name: BONNEY, DERRIEN A  
Address: 605 FIFTH AVE  
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete  
Name: MAXWELL, WILLIE M  
Address: 920 CHILDS AVE  
City-St-Zip: BARTOW, FL 33830

Title: VP ( ) Delete  
Name: LOVE, TOMMY  
Address: 1205 DR. MARTIN LUTHER KING JR BLVD  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: YOUNG, VIVIAN  
Address: 1050 E. TEE CIRCLE  
City-St-Zip: BARTOW, FL 33830

Title: T (X) Delete  
Name: HUTCHERSON, REGINALD G  
Address: 3350 STATE ROAD 60 E  
City-St-Zip: BARTOW, FL 33830

**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: BONNEY, DERRIEN A

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date