

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719667

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE FIRST BETHLEHEM BAPTIST MISSIONARY ASSOCIATION, INC.

Current Principal Place of Business:

1729 MARTIN LUTHER KING, JR. BLVD.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1729 MARTIN LUTHER KING, JR. BLVD.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3029117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVAL, JAMES B
2320 AJAX ROAD
TALLAHASSEE, FL 32311 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: DUVAL, JAMES B
Address: 2320 AJAX ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: V () Delete
Name: SIMMONS, LEROY REV
Address: 2346 S.W. 3RD STREET
City-St-Zip: OCALA, FL 34474

Title: VD () Delete
Name: RILEY, CRAIG P JR.
Address: 866 GOLDEN STREET
City-St-Zip: TALLAHASSEE, FL

Title: S () Delete
Name: MONTGOMERY, IZELL JR.
Address: 374 S. MYRTLE STREET
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: TOOKES, OCTAVIOUS L JR REV
Address: 161 SW GILCHRIST TRAIL
City-St-Zip: MADISON, FL 32341

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: RILEY, CRAIG P SR.
Address: 866 GOLDEN STREET
City-St-Zip: TALLAHASSEE, FL 32304

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

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

Title: S () Change (X) Addition
Name: HUDSON, RETHIA L
Address: 1021 PAUL RUSSELL ROAD
City-St-Zip: TALLAHASSEE, FL 32301 US

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: JAMES B. DUVAL

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date