

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721731

FILED
Mar 17, 2009
Secretary of State

Entity Name: FIRST MISSIONARY BAPTIST CHURCH OF SEFFNER, FLA., INC.

Current Principal Place of Business:

6720 CR 579 NO.
SEFFNER, FL 33584 US

New Principal Place of Business:

6720 COUNTY ROAD 579 NORTH
SEFFNER, FL 33584 US

Current Mailing Address:

PO BOX 1745
SEFFNER, FL 33583 US

New Mailing Address:

6720 COUNTY ROAD 579 NORTH
SEFFNER, FL 33584 US

FEI Number: 59-3695644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, HAROLD
6645 COUNTY ROAD 579 NORTH
SEFFNER, FL 33584 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: S () Delete
Name: JOHNSON, ROXIE SIS
Address: 11504 BESSIE DIX ROAD
City-St-Zip: SEFFNER, FL 33584

Title: VP () Delete
Name: GUED, BILLIE DEA
Address: 607 HILLPOINT WAY
City-St-Zip: BRANDON, FL 33510

Title: P () Delete
Name: WATSON, HAROLD DEA
Address: 6645 CR 579 NO.
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: MCKNIGHT, HOWARD
Address: 1936 HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

Title: AS () Delete
Name: KIRBY, MONICA
Address: 709 PADDINGTON PL
City-St-Zip: BRANDON, FL 33510

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FAISON, ANG DEA
Address: 2905 E. EMMA
City-St-Zip: TAMPA, FL 33610

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

Title: D (X) Change () Addition
Name: DEXTER, WALLACE
Address: 11818 MANGO GROVE BLVD
City-St-Zip: SEFFNER, FL 33584

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

Title: T () Change (X) Addition
Name: AIKEN, BRIAN
Address: P O BOX 4209
City-St-Zip: BRANDON, FL 33509

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: BRIAN O AIKEN

T

03/17/2009

Electronic Signature of Signing Officer or Director

Date