

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727351

FILED
Apr 28, 2005
Secretary of State

Entity Name: MT. HERMON MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

400 S. LEVIS AVENUE
P.O. BOX 265
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

400 S. LEVIS AVENUE
P.O. BOX 265
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-2955629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLE, BRADLEY
301 LEVIS AVENUE
TARPON SPRINGS, FL 34689 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: TD () Delete
Name: LANE, HERSHEL
Address: 9040 LEDGESTONE LN
City-St-Zip: PORT RICHEY, FL

Title: D () Delete
Name: COLE, BRADLEY
Address: 301 S. LEVIS AVE
City-St-Zip: TARPON SPRINGS, FL

Title: SD () Delete
Name: HERRING, LINDA
Address: 919 HUNTER LANE
City-St-Zip: TARPON SPRINGS, FL

Title: VD () Delete
Name: EDWARDS, KRISITA
Address: 400 S LEVIS AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: THOMPSON, JULIUS
Address: 409 BOYER ST
City-St-Zip: TARPON SPRINGS, FL

Title: PD () Delete
Name: SMITH, MILTON B REV.
Address: 1546 RIVER OAKS DR.
City-St-Zip: TARPON SPRINGS, FL

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
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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 for the exemption stated in Section 119.07(3)(i), 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: HERSHEL LANE

Electronic Signature of Signing Officer or Director

T/D

04/28/2005

Date