2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# 730552

Entity Name: FLORIDA STATE MISSIONARY BAPTIST FOUNDATION, INC.

Current Principal Place of Business:

4645 BAPTIST ISLAND RD.
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 86
GROVELAND, FL 34736 US

New Mailing Address:

FEI Number: 23-7412947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTTON, EDWIN
8791 CR 631 A
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

BUTTON, EDWIN D
8791 CR 631 A
BUSHNELL, FL 33513 US

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: EDWIN D. BUTTON 03/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: BEATY, KERRY
Address: 3505 W. LONE OAK RD
City-St-Zip: PLANT CITY, FL 333567

Title: D ( ) Delete
Name: STRICKLAND, O.L.,
Address: 22601 W. LOOP ROAD
City-St-Zip: GROVELAND, FL 34736

Title: CMGR ( ) Delete
Name: DOBSON, STEVEN
Address: 4645 BAPTIST ISLAND ROAD
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete
Name: THORNTON, CHARLIE
Address: 2733 WELCOME ROAD
City-St-Zip: LITHIA, FL 33547

Title: P ( ) Delete
Name: BUTTON, EDWIN
Address: P.O. BOX 370
City-St-Zip: WEBSTER, FL 33597

Title: TD ( ) Delete
Name: BURRIS, TOM
Address: 4709 CHARRO LANE
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: BEATY, KERRY
Address: 3505 W. LONE OAK RD
City-St-Zip: PLANT CITY, FL 33567

Title: D (X) Change ( ) Addition
Name: SHEELEY, DARRELL
Address: 9016 BAY LAKE RD
City-St-Zip: GROVELAND, FL 34736

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: EDWIN D. BUTTON PRES 03/01/2009
Electronic Signature of Signing Officer or Director Date