

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733065

FILED
Feb 25, 2009
Secretary of State

Entity Name: ENTERPRISE MISSIONARY BAPTIST CHURCH OF DADE CITY, FLORIDA, INC.

Current Principal Place of Business:

11631 OLD LAKELAND RD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 365
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-2187627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETHEN, ALVIN
3730 6 VISTA DRIVE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

LETHCO, ALVIN
3730 6 VISTA DRIVE
DADE CITY, FL 33525 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: ALVIN LETHCO

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LETHCO, ALVIN E
Address: 37306 VISTA DRIVE
City-St-Zip: DADE CITY, FL 33523

Title: TD () Delete
Name: GOODWIN, EWELL
Address: 35039 CYNTHIA AVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: DT () Delete
Name: DEMESI, LEO P
Address: 39719 OTIS ALLEN RD
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: BROWN, JAMES
Address: 39151 KENDELL DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DT (X) Change () Addition
Name: MATHIS, JOHNNY
Address: 15922 LEMACK ROAD
City-St-Zip: DADE CITY, FL 33523

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 BROWN

TD

02/25/2009

Electronic Signature of Signing Officer or Director

Date