

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742908

FILED
Apr 23, 2009
Secretary of State

Entity Name: CENTRAL MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

905 E. CYPRESS STREET
P.O. BOX 1189
ARCADIA, FL 34265 US

New Principal Place of Business:

905 E. CYPRESS STREET
ARCADIA, FL 34265 US

Current Mailing Address:

905 E. CYPRESS STREET
P.O. BOX 1189
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 80-0124767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOOD, CARLYLE
8912 NW. COULTER RD
ARCADIA, FL 34266 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: GOOD, CARLYLE
Address: 8912 NW COULTER RD
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: ROBBINS, ANN
Address: 3188 SW SWAINE AVE
City-St-Zip: ARCADIA, FL 34266

Title: TD () Delete
Name: GAMIOTEA, RAUL
Address: 83 GRANGER
City-St-Zip: ARCADIA, FL

Title: S () Delete
Name: DIXON, JAIME
Address: 1751 NE MIKE DR
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: JAMES, CHARLES
Address: 1471 NE LIVINGSTON ST
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete
Name: JAMES, CHARLES
Address: 1471 NE LIVINGSTON ST
City-St-Zip: ARCADIA, FL 34266

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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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: ANN ROBBINS

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date