

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90012 017 ****61.25

DOCUMENT # 751144 1. Entity Name MT. NEBO MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 4200 NW CR 340 BELL FL 32619			Mailing Address P.O. BOX 429 BELL FL 32619		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1558800	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORBIN, JIMMY R 377 NW DECATUR RD MAYO FL 32066				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when changing) Signature, typed or printed name of registered agent and title, if applicable.					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOOPER, KATHLEEN 1638 NE 340 HWY BRANEARD FL 32008	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Debra Hurst 1340 NW 73 Way Bell, FL 32619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANKIN, ROBERT 5329 NW 37TH COURT BELL FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.O. Loretta Hayes 3239 NW 25 St Bell, FL 32619	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURST, DEBRA 1340 NW 73RD WAY BELL FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Jim Kastrosky 3629 NW 67 Terr Bell, FL 32619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KASTROSKY, JIM 3629 NW 67TH TERRACE BELL FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Clyde Townsend 6840 N US Hwy 129 Bell, FL 32619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOWNSEND, CLYDE 6840 N US HWY 129 BELL FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLYDE TOWNSEND 6840 N US HWY 129 BELL, FL 32619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOWNSEND, CLYDE 6840 N US HWY 129 BELL FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLYDE TOWNSEND 6840 N US HWY 129 BELL, FL 32619	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jimmy R. Corbin 2-25-08 386-935-3575