2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751144

FILED Mar 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4200 NW CR 340 BELL, FL 32619 **Current Mailing Address: New Mailing Address:** P.O. BOX 429 BELL, FL 32619 FEI Number: 59-1558800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORBIN, JIMMY R 377 NW DECATUR RD MAYO, FL 32066 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HURET, DEBRA HURST, DEBRA Name: Name: 1340 NW 73 WAY Address: 1340 NW 73 WAY Address: City-St-Zip: BELL, FL 32619 City-St-Zip: BELL, FL 32619 Title: Title: () Delete () Change () Addition Name: RANKIN, ROBERT Name: Address: 5329 NW 37TH COURT Address: City-St-Zip: BELL, FL 32619 City-St-Zip: Title: () Delete Title: () Change () Addition HAYES, LORETTA Name: Name: 3239 NW 25 ST Address: Address: City-St-Zip: BELL, FL 32619 City-St-Zip: () Delete Title: Title: (X) Change () Addition KASTROSKY, JIM Name: Name: HUTTO, CLAYTON 3629 NWN 67 TERR Address: Address: PO BOX 134 City-St-Zip: BELL, FL 32619 City-St-Zip: BELL, FL 32619 Title: () Delete Title: () Change () Addition TOWNSEND, CLYDE Name: Name: 6840 N US HWY 129 Address: Address: City-St-Zip: BELL, FL 32619 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: JIMY R. CORBIN RΑ 03/12/2009