

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764760

FILED
Mar 25, 2009
Secretary of State

Entity Name: MOUNT HERMON BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

1510 N.E. 2ND ST.
GAINESVILLE, FL 326014354

New Principal Place of Business:

Current Mailing Address:

PO BOX 5336
GAINESVILLE, FL 32627 US

New Mailing Address:

FEI Number: 80-0151695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JEANETTE, WILSON
3136 NW 46TH AVENUE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

JEANETTE, WILSON
4617 SE 1ST AVENUE
GAINESVILLE, FL 32641 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: JEANETTE WILSON

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WILSON, JEANETTE
Address: 4617 S.E. 1ST AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: MCDONALD, JESSIE
Address: 707 NE 23RD STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: MORRISON, JEFFREY SR
Address: 623 NW 6TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: RICHARDSON, DIANE
Address: 2651 S.E. 18TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

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
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: DIANE RICHARDSON

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03/25/2009

Electronic Signature of Signing Officer or Director

Date