2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 767436

Entity Name: THE OLD WEST FLORIDA PRIMITIVE BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

504 HOWARD AVENUE
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

504 HOWARD AVENUE
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-2533238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LUCIAN
504 HOWARD AVENUE
TALLAHASSEE, FL 32310 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: MD ( ) Delete
Name: SMITH, CLINTON H
Address: 1205 RICHMOND STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: VMD ( ) Delete
Name: CLOUD, HARRY
Address: P.O. BOX 241
City-St-Zip: GRETNA, FL 32332

Title: SD ( ) Delete
Name: WATSON, DAVID M
Address: PO BOX 205
City-St-Zip: MIDWAY, FL 32343

Title: T ( ) Delete
Name: AUSTIN, JAMES M
Address: 8789 MILE JOHNSON RD
City-St-Zip: TALLAHASSEE, FL 32309

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: JAMES M AUSTIN T 04/29/2009

Electronic Signature of Signing Officer or Director — Date