

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767436

FILED
Feb 01, 2010
Secretary of State

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:

8789 MILES JOHNSON RD
TALLAHASSEE, FL 32309

Current Mailing Address:

504 HOWARD AVENUE
TALLAHASSEE, FL 32310

New Mailing Address:

8789 MILES JOHNSON RD
TALLAHASSEE, FL 32309

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:

AUSTIN, JAMES M
8789 MILES JOHNSON RD
TALLAHASSEE, FL 32309 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: JAMES M AUSTIN

02/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD
Name: CLOUD, HARRY
Address: P.O. BOX 241
City-St-Zip: GRETN, FL 32332

Title: VMD
Name: WARD, DOC
Address: PO BOX 7685
City-St-Zip: TALLAHASSEE, FL 32314

Title: SD
Name: FAGG, WILLIE
Address: PO BOX 7685
City-St-Zip: TALLAHASSEE, FL 32314

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES M AUSTIN

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02/01/2010

Electronic Signature of Signing Officer or Director

Date