

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90035 007 ****61.25

DOCUMENT # 770516 1. Entity Name MT. HOREB MISSIONARY BAPTIST CHURCH, INC.			
Principal Place of Business 12 MILES WEST OF HIGH SPRINGS SR 340 HIGH SPRINGS, FL 32643 US		Mailing Address 6760 NE 55 AVE HIGH SPRINGS, FL 32643 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 956 Suite, Apt. #, etc.	
City & State High Springs, FL		4. FEI Number 59-2398060	
Zip 32655		Country USA	
6. Name and Address of Current Registered Agent THOMAS, JOHNNY 3729 NE SR 47 HIGH SPRINGS, FL 32643		7. Name and Address of New Registered Agent Name Juanita Crenshaw Street Address (P.O. Box Number is Not Acceptable) 481 S.W. Bluegrass Ct. City Fort White State FL Zip Code 32038	
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 <u>Juanita Crenshaw</u> Juanita Crenshaw (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD THOMAS, JOHNNY 3729 NE SR 47 HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Harold Langford 8020 NE 30th Street High Springs, FL 32643 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PITTENGER, DEBBIE 3069 NE 48TH AVE HIGH SPRINGS, FL 32643 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Johnny Thomas 3729 NE SR 47 High Springs, FL 32643 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD VELMA, OSTEEN 6760 NE 55 AVE HIGH SPRINGS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Juanita Crenshaw 481 SW Bluegrass Ct. FT. White, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kay Bielling 208 SW Burgandy LN FT White, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Juanita Crenshaw</u> Juanita Crenshaw 4/4/08 3864974883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			