

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770516

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

12 MILES WEST OF HIGH SPRINGS
SR 340
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 956
HIGH SPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 59-2398060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRENSHAW, JUANITA
4815 S.W. BLUEGRASS CT.
FORT WHITE, FL 32038 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: VP () Delete
Name: THOMAS, JOHNNY
Address: 3729 NE SR 47
City-St-Zip: HIGH SPRINGS, FL 32643

Title: P () Delete
Name: LANGFORD, HAROLD
Address: 8020 NE 30TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T () Delete
Name: CRENSHAW, JUANITA
Address: 481 S.W. BLUEGRASS CT
City-St-Zip: FORT WHITE, FL 32038

Title: S () Delete
Name: BIELLING, KAY
Address: 208 SW BURGANDY LANE
City-St-Zip: FORT WHITE, FL 32038

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: S (X) Change () Addition
Name: LANGFORD, KIMBERLY
Address: 3090 NE 80 AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

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: KIMBERLY LANGFORD

S

01/16/2009

Electronic Signature of Signing Officer or Director

Date