2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000732

FILED Apr 30, 2009 Secretary of State

Entity Name: SECOND WEST FLORIDA MISSIONARY BAPTIST ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4110 HERRINGTON STREET MARIANNA, FL 32446 **Current Mailing Address: New Mailing Address:** 4753 RIVER ROAD BOSCOM, FL 32423 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCOLLOUGH, DR. H.G. REV. 4753 RIVER RD. BASCOM, FL 32423 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MD () Change () Addition () Delete MCCOLLOUGH, H. G. REV Name: Name: Address: 4753 RIVER ROAD Address: City-St-Zip: BASCOM, FL 32423 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARVEY, WILLIAM REV Name: Address: 2926 OLD US ROAD Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: () Change () Addition WILSON, PRINCE REV Name: Name: Address: 1205 BIRD AVE Address: City-St-Zip: CHIPLEY, FL 32428 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: H. G. MCCOLLOUGH REV MD