

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004488

FILED
Feb 22, 2007
Secretary of State

Entity Name: BLESSED FAITH MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

7941 NEVADA STREET
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

7941 NEVADA STREET
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 59-3336403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, NICOLE
576 JAMES WILSON CIRCLE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

TAWANA, WILLIAMS
6500 LAKE GRAY BLVD.
JACKSONVILLE, FL 32244 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: TAWANA WILLIAMS

02/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FM () Delete
Name: ROBINSON, NICOLE
Address: 576 JAMES WILSON CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: FULLWOOD, JAMES
Address: 6262 SAINT CLAIR STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: M () Delete
Name: JONES, EDWARD
Address: 8623 RIBBON FALLS LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: WILLIS-JONES, CYNTHIA
Address: 8623 RIBBON FALLS LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: FS (X) Delete
Name: WASHINGTON, BARBARA
Address: 1150 BATTLE COVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: ROBINSON, ELISHA
Address: 576 JAMES WILSON CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WILLIAMS, TAWANA
Address: 6500 LAKE GRAY BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: PAS (X) Change () Addition
Name: FULLWOOD, JAMES
Address: 6262 SAINT CLAIR STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: MIN (X) Change () Addition
Name: JONES, EDWARD
Address: 8623 RIBBON FALLS LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DEA (X) Change () Addition
Name: ROBINSON, ELISHA
Address: 576 JAMES WILSON CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: TAWANA WILLIAMS

T

02/22/2007

Electronic Signature of Signing Officer or Director

Date