

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007453

FILED
May 02, 2009
Secretary of State

Entity Name: NEW MT. PISGAH AME CHURCH, INC

Current Principal Place of Business:

STEEL MILL ROAD & STATE ROAD 301
STARKE, FL 32091

New Principal Place of Business:

102 SE 44TH AVE
STARKE, FL 32091

Current Mailing Address:

POST OFFICE BOX 854
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3543026 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, SHERRY E
9758 SE CTY ROAD 221
HAMPTON, FL 32044 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:

Title: P () Delete
Name: SLAUGHTER, GARY R
Address: 4260 KEY LARGO DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: HILL, SR, FRANK BRO
Address: 1250 EDWARDS RD
City-St-Zip: STARKE, FL 32091

Title: T () Delete
Name: AARON, THOMAS BRO
Address: P.O. BOX 517
City-St-Zip: WALDO, FL 32496

Title: D () Delete
Name: PETTEWAY, MILDRED SIS
Address: 3416 SE 139TH ST
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: HUDSON, CLARANELL SIS
Address: 4439 SE 143 RD TERR
City-St-Zip: STARKE, FL 32091

Title: T () Delete
Name: CANNON, ELNORA SIS
Address: 1198 SOUTH WALNUT ST
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KOHN, MATTHEW BRO
Address: P.O. BOX 322
City-St-Zip: STARKE, FL 32091

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

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

Title: () Change () Addition
Name:
Address:
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: SHERRY E. WILLIAMS

AGEN

05/02/2009

Electronic Signature of Signing Officer or Director

Date