2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N01000001010

Entity Name: GREATER ELIZABETH MISSIONARY BAPTIST CHURCH OF LLOYD FLORIDA, INC.

Current Principal Place of Business:

C.R. 158
LLOYD, FL 32337

New Principal Place of Business:

Current Mailing Address:

PO BOX 205
LLOYD, FL 32337

New Mailing Address:

FEI Number: 59-3694312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REICHMAN, MICHAEL A
380 N JEFFERSON ST
MONTICELLO, FL 32344 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:	TC	( ) Delete
Name:	ROBINSON, PETER H	
Address:	13756 CAPITOLA RD	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	TC	( ) Delete
Name:	JENKINS, EDDIE	
Address:	13575 CAPITOLA RD	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	T	( ) Delete
Name:	REDDICK, CHARLES A	
Address:	1041 W DOVER	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	TS	( ) Delete
Name:	HAWKINS, MANNIX	
Address:	4130 STAY RUN CT	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	TS	( ) Delete
Name:	MACK, THEODORE	
Address:	1493 VISTA	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	T	( ) Delete
Name:	BROWN, CLYDE	
Address:	4510 CAPARRAL LN	
City-St-Zip:	TALLAHASSEE, FL 32311	

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:	( ) 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: PETER H. ROBINSON DEAC 01/20/2009
Electronic Signature of Signing Officer or Director — Date