-2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005435

1. Entity Name

11

DELAND MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

2530 JAMMES RD JACKSONVILLE, FL 32210 Mailing Address

2530 JAMMES RD

JACKSONVILLE, FL 32210

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 55-0846626 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GEROME 11553 MANATEE DR JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
	Filing Fee Is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	ing 🖂	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				<u> </u>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P THOMAS, GEROME 11553 MANATEE DR JACKSONVILLE, FL 32218				U00000596210 01/23/07-80070-006 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC JACKSON, LEE ROY 8969 DEVONSHIRE BLVD JACKSONVILLE, FL 32208					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCT VASON, ETHELDA 7845 WEATHER VANE DR JACKSONVILLE, FL 32244		DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP	T SAVAGE, PRISCILLA 2400 JAMMES RD JACKSONVILLE, FL 32210					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

12. I hereby certity that the information supplied with this filling does not quality for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Monas

91-14-07

Daytme Phone #