


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90038 018 ****70.00

DOCUMENT # N01000005435 1. Entity Name DELAND MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 2530 JAMMES RD JACKSONVILLE, FL 32210	Mailing Address 2530 JAMMES RD JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE

01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0846626	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, GEROME 11553 MANATEE DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC JACKSON, LEE ROY 8960 DEVONSHIRE BLVD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCT VASON, ETHELDA 7845 WEATHER VANE DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAVAGE, PRISCILLA 2400 JAMMES RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Darrell D. Carter 3938 Cobalt Ave. East JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RDC Charles D. Walton 148 JIVY LAKES DR ST. JOHNS, FL 32259

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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: Gerome Thomas 01-20-08 (904) 751-0894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #