2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005435

FILED Feb 12, 2009 Secretary of State

Entity Name: DELAND MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

2530 JAMMES RD JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

2530 JAMMES RD JACKSONVILLE, FL 32210

FEI Number: 55-0846626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, GEROME

11553 MANATEE DR

JACKSONVILLE, FL 32218 US

THOMAS, GEROME

8339 PEPPERWOOD COURT

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: GEROME THOMAS 02/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 THOMAS, GEROME
 Name:
 THOMAS, GEROME

 Address:
 11553 MANATEE DR
 Address:
 8339 PEPPERWOOD COURT

Address: 11553 MANATEE DR Address: 8339 PEPPERWOOD COUR City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32244

Title: CCT () Delete Title: ADM (X) Change () Addition Name: VASON, ETHELDA Name: THOMAS, MARY F

 Name:
 VASON, ETHELDA
 Name:
 THOMAS, MARY F

 Address:
 7845 WEATHER VANE DR
 Address:
 8339 PEPPERWOOD COURT

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32244

Title: T () Delete Title: () Change () Addition

 Name:
 CARTER, DARRELL D
 Name:

 Address:
 3938 COBALT AVE. EAST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:

Title: TCD () Delete Title: () Change () Addition

 Name:
 WALTON, CHARLES D
 Name:

 Address:
 149 IVY LAKES DR
 Address:

 City-St-Zip:
 ST. JOHNS, FL 32259
 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: MARY F. THOMAS ADM 02/12/2009