

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006955

FILED
Mar 21, 2009
Secretary of State

Entity Name: OBEDIENCE IN FAITH COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

330 OLIVE RD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

330 OLIVE RD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 61-1429752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNETT, MELVIN
330 OLIVE RD
PENSACOLA, FL 32514 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: P () Delete
Name: BURNETT, MELVIN
Address: 108 BERKLEY DR
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: BURNETT, WILMA
Address: 108 BERKLEY DR
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: ROBINSON, DORIS
Address: 7344 TANNEHILL DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: ROBINSON, JAMES
Address: 7344 TANNEHILL DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: FC () Delete
Name: SCOTT, GERALDINE
Address: 207 FAIRFAX DRIVE
City-St-Zip: PENSACOLA, FL 32505

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:

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: DORIS L. ROBINSON

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03/21/2009

Electronic Signature of Signing Officer or Director

Date