

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02991

FILED  
Mar 12, 2008  
Secretary of State

**Entity Name:** FIRST MISSIONARY BAPTIST CHURCH OF AUBURNDALE, INC.

**Current Principal Place of Business:**

406 MAIN STREET  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

406 MAIN STREET  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

**FEI Number:** 59-1350758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

READ, SR., JOHNNY M.  
406 MAIN STREET  
AUBURNDALE, FL 33823 US

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

PRICE, N. DAVID  
406 MAIN STREET  
AUBURNDALE, FL 33823 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: N. DAVID PRICE

03/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: READ, SR., JOHNNY M.,  
Address: 406 MAIN STREET  
City-St-Zip: AUBURNDALE, FL

Title: TD ( ) Delete  
Name: HARRISON, DANNY  
Address: 114 BOLANDER ROAD  
City-St-Zip: AUBURNDALE, FL

Title: SD ( ) Delete  
Name: READ, JOHNNY  
Address: P.O. BOX 1388  
City-St-Zip: AUBURNDALE, FL

Title: SD ( ) Delete  
Name: PRICE, PERRY (ASSISTA  
Address: PO BOX 1401  
City-St-Zip: AUBURNDALE, FL

Title: TD ( ) Delete  
Name: MOODY, JAMES W.  
Address: 100 VAN FLEET  
City-St-Zip: AUBURNDALE, FL

Title: V ( ) Delete  
Name: BROWN, HOWARD  
Address: 112 LAKE WHISTLER DR  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PRICE, N. DAVID  
Address: 406 MAIN STREET  
City-St-Zip: AUBURNDALE, FL

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: JAMES W. MOODY

TD

03/12/2008

Electronic Signature of Signing Officer or Director

Date