

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 29, 2009**  
**Secretary of State**

DOCUMENT# N03000004405

**Entity Name:** FAITH MISSIONARY BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.**Current Principal Place of Business:**200 SOUTH BOULEVARD  
WEST DAVENPORT, FL 33837**New Principal Place of Business:**200 SOUTH BOULEVARD  
DAVENPORT, FL 33837**Current Mailing Address:**PO BOX 751  
DAVENPORT, FL 33836**New Mailing Address:****FEI Number:** 56-2395380**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VARFI, PIRO  
510 S OAKWOOD AVE  
BRANDON, FL 33511 US**Name and Address of New Registered Agent:**VARFI, PIRO DR.  
155 LARGS CT  
106  
DUNEDIN, FL 34698 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: PIRO VARFI

06/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** CARTER, STAN  
**Address:** 405 EAST BOULEVARD  
**City-St-Zip:** DAVENPORT, FL 33837**Title:** D ( ) Delete  
**Name:** HARRINGTON, FRANK  
**Address:** 200 S BOULEVARD  
**City-St-Zip:** DAVENPORT, FL 33837**Title:** D ( ) Delete  
**Name:** BURKE, JIM  
**Address:** 354 ASHLEY DRIVE  
**City-St-Zip:** HAINES CITY, FL 33844**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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:** D ( ) Change (X) Addition  
**Name:** VARFI, PIRO DR.  
**Address:** 155 LARGS CT  
**City-St-Zip:** DUNEDIN, FL 34698 US

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: PIRO VARFI

D

06/29/2009

Electronic Signature of Signing Officer or Director

Date