

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008978

FILED
Apr 28, 2008
Secretary of State

Entity Name: TWIN SPRINGS MISSIONARY BAPTIST CHURCH, INC

Current Principal Place of Business:

1830 WEST 45TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P O BOX 12010
JACKSONVILLE, FL 32209

New Mailing Address:

1830 WEST 45TH STREET
JACKSONVILLE, FL 32209

FEI Number: 30-0210616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKINNER, CHARLES G REV.
2127 DERRINGER CIRCLE EAST
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

SKINNER, CHARLES G REV.
7244 FLORAL RIDGE DRIVE
JACKSONVILLE, FL 32277 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: _____

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKINNER, CHARLES G REV.
Address: 2127 DERRINGER CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: C () Delete
Name: GAMBLE, EVELYN SIS.
Address: 7024 ALAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: C () Delete
Name: HAMILTON, ED DEACON
Address: 1750 POWHATTAN STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: KIMBROUGH, LEMUIEL JR.
Address: 3905 STUART STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: WOOTSON, NATHANIEL
Address: 240 W. 45TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: GAMBLE, LARRY
Address: 7024 ALAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/F (X) Change () Addition
Name: SKINNER, CHARLES G REV.
Address: 7244 FLORAL RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: C (X) Change () Addition
Name: MOORE, SHERRELL V SIS.
Address: 3341 SIDE OUT COURT
City-St-Zip: JACKSONVILLE, FL 32277

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: REV. CHARLES SKINNER, PASTOR/FOUNDER

F/CE

04/28/2008

Electronic Signature of Signing Officer or Director

Date