2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008978

FILED Apr 23, 2009 Secretary of State

Entity Name: TWIN SPRINGS MISSIONARY BAPTIST CHURCH, INC

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ST 45TH STRI VILLE, FL 32				
Current Mailing Address:		New Mailing Address:			
	ST 45TH STRI VILLE, FL 32				
El Number	: 30-0210616	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
7244 FLO	CHARLES G RAL RIDGE D VILLE, FL 32	RIVE			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER:	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
lame: \ddress:	SKINNER, CH) Delete ARLES G REV. RIDGE DRIVE LE, FL 32277	Title: Name: Address: City-St-Zip:	() Change () Addition	
lame: Address: City-St-Zip: Title: lame: Address:	SKINNER, CH 7244 FLORAL JACKSONVILI	ARLES G REV. RIDGE DRIVE LE, FL 32277) Delete RRELL V SIS. JT COURT	Name: Address:	() Change () Addition () Change () Addition	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	SKINNER, CH 7244 FLORAL JACKSONVILI C (MOORE, SHE 3341 SIDE OL JACKSONVILI C (HAMILTON, E	ARLES G REV. RIDGE DRIVE LE, FL 32277) Delete RRELL V SIS. JT COURT LE, FL 32277) Delete D DEACON TTAN STREET	Name: Address: City-St-Zip: Title: Name: Address:		
ritle: lame: kddress: City-St-Zip:	SKINNER, CH 7244 FLORAL JACKSONVILI C (MOORE, SHE 3341 SIDE OL JACKSONVILI C (HAMILTON, E 1750 POWHA JACKSONVILI D (ARLES G REV. RIDGE DRIVE LE, FL 32277) Delete RRELL V SIS. UT COURT LE, FL 32277) Delete D DEACON ITAN STREET LE, FL 32209) Delete LEMUIEL JR. STREET	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
lame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Title: Iame: Address: Address: Address:	SKINNER, CH 7244 FLORAL JACKSONVILI C (MOORE, SHE 3341 SIDE OL JACKSONVILI C (HAMILTON, E 1750 POWHA JACKSONVILI D (KIMBROUGH, 3905 STUART JACKSONVILI	ARLES G REV. RIDGE DRIVE LE, FL 32277) Delete RRELL V SIS. UT COURT LE, FL 32277) Delete D DEACON ITAN STREET LE, FL 32209) Delete LEMUIEL JR. STREET LE, FL 32209) Delete ATHANIEL STREET	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	() Change () Addition () Change () Addition	

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 G. SKINNER PAST 04/23/2009