

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03855

FILED
Apr 06, 2009
Secretary of State

Entity Name: FIRST MISSIONARY BAPTIST CHURCH OF MASCOTTE, INC.

Current Principal Place of Business:

118 W MYERS BLVD
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

WEST HWY. 50
P.O. BOX 667
MASCOTTE, FL 34753

New Mailing Address:

P.O. BOX 667
MASCOTTE, FL 34753

FEI Number: 59-2769750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMAR STORY
4047 SR 50
WEBSTER, FL 33597 US

Name and Address of New Registered Agent:

LAMARR STORY
4047 SR 50
WEBSTER, FL 33597 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: LAMARR STORY

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNSON, ALFRED
Address: 3799 SR 50
City-St-Zip: WEBSTER, FL

Title: T () Delete
Name: STORY, LAMARR
Address: 4047 SR 50
City-St-Zip: WEBSTER, FL 33597

Title: TD () Delete
Name: SPENCER, JOE
Address: P.O. BOX 605
City-St-Zip: MACOTTE, FL 34753

Title: MD () Delete
Name: SAMPSON, CLYDE
Address: 519 PEARL ST.
City-St-Zip: MASCOTTE, FL 34753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUNSON, ALFRED
Address: 3799 SR 50
City-St-Zip: WEBSTER, FL 33597

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: LAMARR STORY

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date