2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000000494

Entity Name: MIDWAY BAPTIST CHURCH OF MAYO, FLORIDA, INC.

Current Principal Place of Business:

3407 SE CR 405
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

P O BOX 438
MAYO, FL 32066

New Mailing Address:

FEI Number: 58-2679967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, CHARLES K
1100 SE KOMONDOR RD
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMAS, CHARLES K
Address: 1100 SE KOMONDOR RD
City-St-Zip: BRANFORD, FL 32008

Title: D ( ) Delete
Name: HAWKINS, CHRISTOPHER
Address: 1823 SE CR 405
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete
Name: WIMBERLY, DARREN
Address: SW WIMBERLY CIR
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete
Name: SPIKES, SHON V
Address: 714 SE GOBBLER RD
City-St-Zip: BRANFORD, FL 32008

Title: D ( ) Delete
Name: REVELS, JAMES D
Address: 697 SE WIMBERLEY CR
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete
Name: WIMBERLEY, G CHRISTINA
Address: 593 SF WIMBERLY CIR
City-St-Zip: MAYO, FL 32066

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: ( ) 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: CHARLES THOMAS D 01/16/2009

Electronic Signature of Signing Officer or Director — Date