## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 12, 2008 8:00 am Secretary of State DOCUMENT # N04000007609 1. Entity Name 02-12-2008 90013 041 \*\*\*\*61.25 NEW TESTAMENT MISSIONARY BAPTIST CHURCH OF THONOTOSASSA, INC. Principal Place of Business Mailing Address 11530 WALKER RD. 11530 WALKER RD. THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 2. Principal Place of Business - No P.O. Boy # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number City & State Applied For 59-3115218 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANEY, JUNIOR R Street Address (P.O. Box Number is Not Acceptable) 11413 MARSHALL ROAD THONOTOSASSA FL 33592 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed carrie of registered agent and the if applicable, (NOTE: Registered Agent signaat/e inglitred when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ANDERSON, JOHN D JR, REV NAME NAME 11530 WALKER RD. STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BUCHANAN, ALEXANDER NAME NAME 11530 WALKER RD. STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Delete . BEVERLY L. Tribble BROWN, BELINDA J NAME NAME 11530 WALKER RD. STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Anderson Jr 2/3/08 813-610-1252

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information