2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010235

FILED Apr 02, 2009 Secretary of State

Entity Name: CLEARWATER MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	117TH PLACE AHA, FL 32183	US		
Current Mailing Address:		New Mailing Address:		
PO BOX 4 OCKLAWA	95 AHA, FL 32183	US		
FEI Number	: 75-3170487	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
OCALA, F	6TH STREET L 34480 US		nurnana of changing its register	
	e named entity si	iomiis inis siaiemeni ior ine i	ourbose of chanding its register	ea office of realstered agent, of both
	e named entity st e of Florida.	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,
	e of Florida.	admits this statement for the	purpose of changing its register	ed office of registered agent, or both,
in the State	e of Florida. [*] RE:	c Signature of Registered Ag		Date
in the State	e of Florida. É	c Signature of Registered Ag	ent	
in the State	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Ag ORS: Delete TREET	ent	Date
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECT CT () I SMITH, OLLIE C 2640 SE 56TH S OCALA, FL 3448	C Signature of Registered Ag ORS: Delete TREET BO US Delete DLPH	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
in the State SIGNATUI OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECT CT () [SMITH, OLLIE C 2640 SE 56TH S OCALA, FL 3448 VC () [JOHNSON, RUDO PO BOX 603 OCALA, FL 3447 ST () [HECTOR, ROSA	C Signature of Registered Ag ORS: Delete TREET BO US Delete OLPH 78 US Delete T HARBOR ROAD	Title: Name: Address: City-St-Zip: Name: Name: Address: Address:	Date GES TO OFFICERS AND DIRECTORS () 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: OLLIE C. SMITH CHAR 04/02/2009