

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003673

FILED
Apr 14, 2009
Secretary of State

Entity Name: SHADY GROVE #1 PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1478 CHAIRES RD
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

1478 CHAIRES RD
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 50-0256044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, RHONDA L
2807 SAW PALMETTO LANE
TALLAHASSEE, FL 32309 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: P () Delete
Name: BROWN, CHESTER F III
Address: 1795 FOLKSTONE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HENRY, CRAIG
Address: 2044 DYREHAVEN CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: LEON, CORDELIA
Address: 1654 JAYDELL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HICKS, RHONDA L
Address: 2807 SAW PALMETTO LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: HAWKINS, FAYE
Address: 1014 SILVER RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: S () Delete
Name: PARKER, GWENDOLYN
Address: 8667 HONEY COMB LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, CHESTER F III
Address: 5573 HAMPTON HILL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32311

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: RHONDA L. HICKS

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date