

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2009
Secretary of State**

DOCUMENT# N05000005310

Entity Name: NEW REVELATIONS MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1086 W 23RD STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1086 W 23RD STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAN, MARGIE
1630 STEELE ST
JACKSONVILLE, FL 32209 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: WEST, CALVIN
Address: 8259 KIRKLAND RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: DP () Delete
Name: SPAN, MARGIE
Address: 1630 STEELE ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: STINSON, ELLA
Address: 1230 E 7TH ST #34
City-St-Zip: JACKSONVILLE, FL 32206

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:

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: MARGIE SPAN

DP

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date