

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008365

FILED
Feb 13, 2009
Secretary of State

Entity Name: SUWANNEE RIVER PROGRESSIVE MISSIONARY BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

948 NE ABERDEEN AVENUE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

948 NE ABERDEEN AVENUE
LAKE CITY, FL 32055

New Mailing Address:

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

Name and Address of Current Registered Agent:

POLLOCK, DWIGHT MODERAT
1124 PARK LANE
JASPER, FL 32052 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: POLLOCK, DWIGHT MODERAT
Address: 1124 PARK LANE
City-St-Zip: JASPER, FL 32052

Title: VP () Delete
Name: JONES, WILLIAM 1ST VM
Address: P.O. BOX 405
City-St-Zip: CALLAHAN, FL 32011

Title: VP () Delete
Name: CARTER, GILFORD 2ND VM
Address: 4546 NW 13TH STREET LOT 34
City-St-Zip: GAINESVILLE, FL 32609

Title: SEC () Delete
Name: BROWN, ALICE SEC.
Address: 1560 NW 1ST AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: OFF () Delete
Name: WILLIAMS, ISADORE L TRUSTEE
Address: 590 N.W. LONG STREET
City-St-Zip: LAKE CITY, FL 32056

Title: OFF () Delete
Name: LEE, GUSSIE M TRUSTEE
Address: 15205 N.W 278TH AVENUE
City-St-Zip: ALACHUA, FL 32615

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: DWIGHT POLLOCK

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date