2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N05000010352

Entity Name: SUWANNEE MISSIONARY BAPTIST ASSOCIATION INC

Current Principal Place of Business:

1747 SOUTH WALKER AVE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

1747 SOUTH WALKER AVE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-2212349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, S.C.
1747 S WALKER AVE
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

SULLIVAN, S.C.
1747 S WALKER AVE
LIVE OAK, FL 32064 US

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: S. C. SULLIVAN 04/24/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MINSHEW, DONALD
Address: 298 SW CREST GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete
Name: MCKEITHEN, DAVID
Address: 5081 CR 795 N
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: PICKLES, WYNEMA
Address: 20961 LANCASTER RD
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: SULLIVAN, S C
Address: PO BOX 303
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TEEMS, DAVID
Address: 14364 140TH STREET
City-St-Zip: LIVE OAK, FL 32060

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: WYNEMA PICKLES D 04/24/2008
Electronic Signature of Signing Officer or Director Date