

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010352

FILED  
Feb 08, 2012  
Secretary of State

**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 (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SULLIVAN, S.C. MR.  
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

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HERRINGTON, PHILLIP REV.  
Address: 401 W HOWARD STREET  
City-St-Zip: LIVE OAK, FL 32064

Title: D  
Name: CORDERO, JEFFERY REV.  
Address: 6592 NW 48TH. STREET  
City-St-Zip: JENNINGS, FL 32053

Title: D  
Name: PICKLES, WYNEMA MRS.  
Address: 20961 LANCASTER RD  
City-St-Zip: LIVE OAK, FL 32060

Title: D  
Name: SULLIVAN, S C MR  
Address: PO BOX 303  
City-St-Zip: LIVE OAK, FL 32064

I hereby 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 all other like empowered.

SIGNATURE: WYNEMA PICKLES

D

02/08/2012

Electronic Signature of Signing Officer or Director

Date