2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N06000003814

Entity Name: WHITE SPRINGS FAITH BASE COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business:

10363 BRIDGE STREET
WHITE SPRINGS, FL 32096

New Principal Place of Business:

Current Mailing Address:

10363 BRIDGE STREET
WHITE SPRINGS, FL 32096

New Mailing Address:

FEI Number: 11-3776695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, ROBERT
447 NW STEPHEN FOSTER DRIVE
WHITE SPRINGS, FL 32096 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: UDELL, IVAN
Address: PO BOX 26
City-St-Zip: WHITE SPRINGS, FL 32096

Title: VP ( ) Delete
Name: LUMPKIN, HERBERT
Address: PO BOX 127
City-St-Zip: WHITE SPRINGS, FL 32096

Title: S ( ) Delete
Name: BRYANT, YVONNE
Address: PO BOX 214
City-St-Zip: WHITE SPRINGS, FL 32096

Title: T ( ) Delete
Name: BROWN, DOROTHY A
Address: PO BOX 184
City-St-Zip: WHITE SPRINGS, FL 32096

Title: D ( ) Delete
Name: SCIPPIO, FRED
Address: PO BOX 26
City-St-Zip: WHITE SPRINGS, FL 32096

Title: D ( ) Delete
Name: BROWN, TONJA
Address: PO BOX 590
City-St-Zip: WHITE SPRINGS, FL 32096

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: ROBERT TOWNSEND AGEN 04/20/2009

Electronic Signature of Signing Officer or Director — Date