2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N06000009547

Entity Name: FIRST MISSIONARY BAPTIST CHURCH OF SEBRING, INC.

Current Principal Place of Business:

662 LEMON AVENUE
SEBRING, FL 33870

New Principal Place of Business:

622 LEMON AVENUE
SEBRING, FL 33870

Current Mailing Address:

662 LEMON AVENUE
SEBRING, FL 33870

New Mailing Address:

622 LEMON AVENUE
SEBRING, FL 33870

FEI Number: 20-8204875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACKSON, ANDREW B
150 NORTH COMMERCE AVENUE
SEBRING, FL 338703201 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: WALKER, BARBARA
Address: 920 BOOKER AVENUE
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: POWELL, YVONNE
Address: 308 SPRITE AVE
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: STONE, NORMAN
Address: 128 BLUEFISH DR
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: AMES, ANDREW
Address: 6717 HEAVI TREE DR
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: BRASSELL, JOE
Address: 603 M L K BLVD
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: WELCH, EDDIE
Address: 602 LINCOLN AVE
City-St-Zip: SEBRING, FL 33870

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: BARBARA WALKER D 01/12/2009
Electronic Signature of Signing Officer or Director — Date