

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009971

FILED
Apr 22, 2009
Secretary of State

Entity Name: NORTH DAVIS MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2900 NORTH DAVIS STREET
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

2900 NORTH DAVIS STREET
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2976371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDAWY, JOHNNIE M
4034 N 8TH AVE
PENSACOLA, FL 32503 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: HICKS, WALTER
Address: 701 FREEMONT AVE
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: WATTS, BRENDA H
Address: 107 WARWICK AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: WATTS, EDWARD
Address: 107 WARWICK AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: POWE, MINNIE
Address: 1900 W BOBE STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: HARDAWAY, VERONICA C
Address: 203 OPAL AVE
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: HARDAWAY, FRED
Address: 780 W LAKEVIEW STREET
City-St-Zip: PENSACOLA, FL 32501

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: BRENDA WATTS

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date