


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90048 034 \*\*\*\*70.00

<b>DOCUMENT # N07000000584</b> 1. Entity Name NEW MT. SILLA MISSIONARY BAPTIST CHURCH, INC.			
Principal Place of Business 5705 EAST 32ND AVE TAMPA, FL 33619		Mailing Address 5705 EAST 32ND AVE TAMPA, FL 33619	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 311647</b> Suite, Apt. #, etc.	
City & State Tampa, FL		City & State <b>TAMPA, FL</b>	
Zip <b>33680</b>	Country <b>USA</b>	4. FEI Number <b>74-3202033</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WALTERS, FELIX E SR</b> <b>1127 BELLADONNA DRIVE</b> <b>BRANDON, FL 33510</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, FELIX E 1127 BELLADONNA DR BRANDON, FL 33510 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, EDWARD 4505 NORTH 37TH ST TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	P WALTERS, FELIX E 1127 BELLADONNA DR BRANDON, FL 33510 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARSWELL, SHARON 4505 NORTH 37TH ST TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	D HALL, EMMETT B P.O. BOX 59 LAKE LAND, FL 33840 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN 3004 E POCAHANTAS DR TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	D WELCH, MICHELE Y 4417 N. 48th ST. TAMPA, FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGLETON, DIANA 2123 ST CONRAD ST TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	D WILLIAMS, DORIS M 4412 N. 48th ST. TAMPA, FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/27/08</b> <b>(813) 352-8002</b> <small>Date Daytime Phone #</small>	