

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90030 021 ****61.25

DOCUMENT # N07000010108					
1. Entity Name THE MIDDLE FLORIDA AND CLAY COUNTY MISSIONARY BAPTIST ASSOCIATION, UNION AND CONGRESS, INC.					
Principal Place of Business ST LUKE MISSIONARY BAPTIST CHURCH 6631 PINE AVE GREEN COVE SPRINGS, FL 32043			Mailing Address ST LUKE MISSIONARY BAPTIST CHURCH 6631 PINE AVE GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3151146		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATHIS, GUSTINE S 6605 PINE AVE GREEN COVE SPRINGS, FL 32043			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Gustine S. Mathis / Secretary / Treasure</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 3/26/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HENRY, EDDIE REV 1810 MOUND STREET ORANGE PARK, FL 32073		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYMON, JOHN J 4420 HAYMON AVE PENNEY FARMS, FL 32079		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, MARY H 1100 NORTH STREET GREEN COVE SPRINGS, FL 32043		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, LENA B 2771 BURROUGHS RD MIDDLEBURG, FL 32068		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAYNE, FLORENCE 1861 WESTON CIRCLE ORANGE PARK, FL 32003		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATHIS, GUSTINE S 6605 PINE AVE GREEN COVE SPRINGS, FL 32043		<input type="checkbox"/> Delete		
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.			SIGNATURE: <i>Florence Payne</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/26/08 Daytime Phone #		