2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002483

FILED Apr 15, 2009 Secretary of State

Entity Name: ROCKHILL MISSIONARY BAPTIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 3036 WESTON STREET OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** P.O. BOX 622933 3036 WESTON STREET OVIEDO, FL 32762 OVIEDO, FL 32765 FEI Number: 26-2152291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, BILLY E CEO 3036 WESTON STREET OVIEDO, FL 32765 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JACKSON, BILLY CEO Name: Name: Address: 3036 WESTON STREET Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ODOM, CLARENCE CFO Name: Address: 3036 WESTON STREET Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROBINSON, ALONZO Name: ROBINSON, ALONZO DIR Name: 3036 WESTON STREET Address: 3036 WESTON STREET Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 () Change (X) Addition Title: () Delete Title: Name: Name: BROOKS JR., STEPHEN DIR Address: Address: 3036 WESTON STREET City-St-Zip: City-St-Zip: OVIEDO, FL 32765

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: ALONZO ROBINSON DIR 04/15/2009