

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002979

FILED  
May 01, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA MISSIONARY BAPTIST ASSOCIATION INC

**Current Principal Place of Business:**

866 DELLENA LANE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

866 DELLENA LANE  
FORT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 26-2269607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RUSSELL, FLORENCE L  
866 DELLENA LANE  
FORT MYERS, FL 33905      US

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: P ( ) Delete  
Name: MCLEOD, BENNY DR.  
Address: 2101 BAKER BLVD.  
City-St-Zip: FORT MYERS, FL 33916

Title: T ( ) Delete  
Name: RUSSELL, FLORENCE L  
Address: 855 DELLENA LANE  
City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCLEOD, BENNY DR.  
Address: 3105 DOUGLAS AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: JOHNSON, ROBERT L  
Address: 2250 PALM AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: S ( ) Change (X) Addition  
Name: WRIGHT, FRANCENA  
Address: 2250 PALM AVENUE  
City-St-Zip: FORT MYERS, FL 33916

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: FLORENCE L. RUSSELL

T

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date