

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004294

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MT HERMAN BAPTIST CHURCH, INC

**Current Principal Place of Business:**

4505 SAN SEBASTIAN CIRCLE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

524 CAMPANELLA AVE.  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

DEAN, ALBERT PASTOR  
524 CAMPANELLA AVE  
ORLANDO, FL 32811    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:                      P                      ( ) Delete  
Name:                      DEAN, ALBERT PASTOR  
Address:                      4505 SAN SEBASTIAN CIRCLE  
City-St-Zip:                      ORLANDO, FL 32808

Title:                      S                      ( ) Delete  
Name:                      DEAN, BETH  
Address:                      4505 SAN SEBASTIAN CIRCLE  
City-St-Zip:                      ORLANDO, FL 32808

Title:                      D                      ( ) Delete  
Name:                      GREEN, NATHANIEL  
Address:                      4747 ELKMONT ROAD  
City-St-Zip:                      ORLANDO, FL 32808

Title:                      D                      ( ) Delete  
Name:                      ANDERSON, ADA  
Address:                      4582 MAILBY STREET  
City-St-Zip:                      ORLANDO, FL 32811

**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:

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: ALBERT E DEAN

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date