

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006586

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: LITTLE FLOCK PRIMITIVE BAPTIST CHURCH INC

## Current Principal Place of Business:

16891 ROCKRIDGE RD.  
POLK CITY, FL 338687634

## New Principal Place of Business:

## Current Mailing Address:

16744 ROCKRIDGE RD.  
POLK CITY, FL 338689665

## 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:

ROBERTS, BETTY B.  
16744 ROCKRIDGE RD.  
POLK CITY, FL 338689665 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: DT ( ) Delete  
Name: ROBERTS, BETTY B.  
Address: 16744 ROCKRIDGE RD.  
City-St-Zip: POLK CITY, FL 338689665

Title: D ( ) Delete  
Name: SPIVEY, REGINALD  
Address: 3523 MT TABOR RD.  
City-St-Zip: LAKELAND, FL 338100793

Title: D ( ) Delete  
Name: ROBERTS, STANTON R.  
Address: 16620 ROCKRIDGE RD.  
City-St-Zip: POLK CITY, FL 338687643

Title: S ( ) Delete  
Name: HANCOCK, SARAH  
Address: 1845 BOULDERCREST DR.  
City-St-Zip: DANDRIDGE, TN 377256212

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: BARFIELD, ROY  
Address: 15130 ROCKRIDGE ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: D (X) Change ( ) Addition  
Name: ADAIR, ROBIN  
Address: 16921 ROCKRIDGE ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Change (X) Addition  
Name: BYRD, DAVID G  
Address: P. O. BOX 27  
City-St-Zip: POLK CITY, FL 33868

Title: S ( ) Change (X) Addition  
Name: SEYMOUR, SHERI  
Address: 3523 MT. TABOR ROAD  
City-St-Zip: LAKELAND, FL 33810

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: DAVID G. BYRD

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date