

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N08000008262

Entity Name: ST. MICHAEL MISSIONARY BAPTIST CHURCH INC

**Current Principal Place of Business:**

1885 JACOB RD.  
COTTONDALE, FL 32431

**New Principal Place of Business:**

**Current Mailing Address:**

1885 JACOB RD.  
COTTONDALE, FL 32431

**New Mailing Address:**

FEI Number: 80-0396739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GRAY, LOUISE  
4599 N. GOLDEN RD.  
COTTONDALE, FL 32431      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: DP      ( ) Delete  
Name: BEACHUM, TUB E.  
Address: 4363 JACKSON RD.  
City-St-Zip: COTTONDALE, FL 32431

Title: DT      ( ) Delete  
Name: RHYNES, ARTHUR  
Address: 4154 JACKSON RD  
City-St-Zip: COTTONDALE, FL 32431

Title: P      ( ) Delete  
Name: FRANKLIN, DARROLD  
Address: 2942 RUSS ST.  
City-St-Zip: MARIANNA, FL 32416

Title: CT      ( ) Delete  
Name: GRAY, LOUISE  
Address: 4599 N. GOLDEN RD.  
City-St-Zip: COTTONDALE, FL 32431

**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: LOUISE GRAY

CT

04/27/2009

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

\_\_\_\_\_  
Date