

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90005 041 ****61.25

DOCUMENT # N10814

1. Entity Name
**TRAVELERS' REST MISSIONARY BAPTIST CHURCH,
INC.**



Principal Place of Business
**2183-22ND AVE SOUTH
ST PETERSBURG, FL 33712**

Mailing Address
**2183-22ND AVE SOUTH
ST PETERSBURG, FL 33712**

40115060



DO NOT WRITE IN THIS SPACE

07192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2493736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, MATTIE M D
2331 26TH STREET SOUTH
ST PETERSBURG, FL 33712**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mattie Adams Mattie M. Adams 8/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ADAMS, MATTIE M D 2331 26TH STREET SOUTH ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAUGHN, HENRY D 2552 68 TERR. SO. ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BROWN, WILLIAM 1345 PINELLAS POINT DRIVE SOUTH ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WIGGINS, WILSON 3490 22ND AVENUE SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERE REPORTED Doreen Burgohy 2218 41st St. So. St. Petersburg FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOLLAND, MARY 3501 27TH AVENUE SOUTH ST PETERSBURG, FL 33711

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mattie M. Adams Mattie Adams 8/14/08 727.327-6286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #