## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10814

FILED Jan 06, 2009 Secretary of State

Entity Name: TRAVELERS' REST MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2183-22ND AVE SOUTH ST PETERSBURG, FL 33712 **Current Mailing Address: New Mailing Address:** 2183-22ND AVE SOUTH ST PETERSBURG, FL 33712 FEI Number: 59-2493736 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, MATTIE M D 2331 26TH STREET SOUTH ST PETERSBURG, FL 33712 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ADAMS, MATTIE M D Name: Name: 2331 26TH STREET SOUTH Address: Address: City-St-Zip: ST PETERSBURG, FL 33712 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: VAUGHN, HENRY D Name: Address: 2552 66 TERR. SO. Address: City-St-Zip: ST PETERSBURG, FL 33712 US City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, WILLIAM Name: Name: 1345 PINELLAS POINT DRIVE SOUTH Address: Address: City-St-Zip: ST PETERSBURG, FL 33705 US City-St-Zip: Title: () Delete Title: () Change () Addition M Name: WIGGINS, WILSON Name: 3490 22ND AVENUE SOUTH Address: Address: City-St-Zip: ST PETERSBURG, FL 33711 US City-St-Zip: Title: () Delete Title: () Change () Addition BURGOHY, DOREEN Name: Name: 2918 41 ST SO Address: Address: SAINT PETERSBURG, FL 33710 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition HOLLAND, MARY Name: Name: Address: 3501 27TH AVENUE SOUTH Address: ST PETERSBURG, FL 33711 US City-St-Zip: 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: MATTIE M D ADAMS C 01/06/2009