

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12918

FILED
Apr 24, 2009
Secretary of State

Entity Name: PHILADELPHIA MISSIONARY BAPTIST CHURCH OF LAKE CITY , FLORIDA, INC.

Current Principal Place of Business:

8406 SW COUNTY RD. 242
LAKE CITY, FL 32025 US

New Principal Place of Business:

8406 SW COUNTY RD. 242
LAKE CITY, FL 32024 US

Current Mailing Address:

590 NW LONG STREET
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 05-0003102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, REVEREND I.L.
590 NW LONG STREET
LAKE CITY, FL 32055 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: D () Delete
Name: WILLIAMS, I. L., REV.
Address: 590 NW LONG STREET
City-St-Zip: LAKE CITY, FL

Title: D () Delete
Name: JONES, ROSETTA
Address: PO BOX 1594
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: FLEMING, ERVON
Address: 2315 LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: LILLY, CHARLES
Address: P.O BOX 1594
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: CARTER, HERBERT
Address: PO BOX 1594
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: RENTZ, DANIEL
Address: PO BOX 1594
City-St-Zip: LAKE CITY, FL 32055

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: FLEMING, ERVIN
Address: 2315 LAKE DR
City-St-Zip: LAKE CITY, FL 32055

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

Title: D (X) Change () Addition
Name: CARTER, HERBERT
Address: PO BOX 1594
City-St-Zip: LAKE CITY, FL 32056

Title: D (X) Change () Addition
Name: COLEMAN, PATRICIA
Address: PO BOX 1594
City-St-Zip: LAKE CITY, FL 32056

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: REVEREND I. L. WILLIAMS

RA

04/24/2009

Electronic Signature of Signing Officer or Director

Date