2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N19781

Entity Name: SALEM BAPTIST CHURCH, INC.

Current Principal Place of Business:

1912 E. BUSCH BLVD.
TAMPA, FL 33612

New Principal Place of Business:

1712 E. BUSCH BLVD.
TAMPA, FL 33612

Current Mailing Address:

1912 E. BUSCH BLVD.
TAMPA, FL 33612

New Mailing Address:

1712 E. BUSCH BLVD.
TAMPA, FL 33612

FEI Number: 59-2231910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, CHARLIE L
17510 LIVINGSTON AVE.
LUTZ, FL 33559 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: PD ( ) Delete
Name: SIMMONS, CHARLIE,
Address: 17510 LIVINGSTON AVENUE
City-St-Zip: LUTZ, FL

Title: D ( ) Delete
Name: RHEA, DAVID
Address: 2011 E. ANNIE
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: MCINTOSH, THOMAS A.
Address: 14919 PHILMORE RD
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: PATTON, MICHAEL
Address: 17524 LIVINGSTON AVE
City-St-Zip: LUTZ, FL 33559

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: CHARLIE L. SIMMONS PD 03/05/2009

Electronic Signature of Signing Officer or Director — Date