2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27595

FILED Jan 28, 2009 Secretary of State

Entity Name: BOSTWICK MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:			New Principal Place of Business:	
131 TILLN BOSTWIC	MAN ST CK, FL 32007			
Current Mailing Address:			New Mailing Address:	
P.O. BOX BOSTWIC	.64 CK, FL 32007			
FEI Numbe	r: 59-1939561	FEI Number Applied For ()	FEI Number Not Applica	ole () Certificate of Status Desired ()
Name an	d Address of C	urrent Registered Agent:	Name and Ad	ldress of New Registered Agent:
131 TILLN	DAVID L REV MAN ST CK, FL 32007	US		
	e named entity s te of Florida.	ubmits this statement for the	ourpose of changing its r	egistered office or registered agent, or both,
SIGNATU	IRE:			
	Electron	ic Signature of Registered Ag	ent	Date
	Electron	0 0		Date CHANGES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address:	T () EDDINS, NATHA P.O BOX 53 NA	FORS: Delete		
	T () EDDINS, NATHA P.O BOX 53 NA BOSTWICK, FL T () DOUGHFMAN, I P.O. BOX 694	Delete N 32007 Delete ARRIE	ADDITIONS/O Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	T () EDDINS, NATH/P.O BOX 53 N/A BOSTWICK, FL T () DOUGHFMAN, I P.O. BOX 694 BOSTWICK, FL T () ALTMAN, ERIC 100 PALMETTO	Delete N 32007 Delete ARRIE 32007 Delete BLUFF RD	ADDITIONS/6 Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	T () EDDINS, NATHA P.O BOX 53 N/A BOSTWICK, FL T () DOUGHFMAN, I P.O. BOX 694 BOSTWICK, FL T () ALTMAN, ERIC 100 PALMETTO PALATKA, FL 3	Delete N 32007 Delete ARRIE 32007 Delete BLUFF RD 2177 Delete ETER IR	ADDITIONS/6 Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CHANGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

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: LARRIE DOUGHFMAN T 01/28/2009