

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30979

FILED
Apr 09, 2009
Secretary of State

Entity Name: ST. ANDREW MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2600 W 45TH ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2600 W 45TH ST
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-2469480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIVINS, BURNEY
1543 KINGSLEY AVE
SUITE 18-B
ORANGE PARK, FL 32073 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: PP () Delete
Name: RIVERS, HENRY
Address: 2600 WEST 45TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: RIVERS, TYWANDA
Address: 2324 WEST 18TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: SMITH, DELORES A
Address: 4704 SPRINGFIELD BLVD
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: BRYANT, RALPH C.
Address: 9218 DEVONSHIRE BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: CAMPBELL, CHRISTINA L.
Address: 5918 LUSAID DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: FUCE, ADDIE
Address: 3525 DIVISION ST
City-St-Zip: JACKSONVILLE, FL 32209

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: SMITH, DELORES A
Address: 5709 BRAIT AVE.
City-St-Zip: JACKSONVILLE, FL 32209

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: TYWANDA RIVERS

S

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date