## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37223

FILED Mar 25, 2010 Secretary of State

Entity Name: FIRST SAMUEL MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

3333 FRANKLIN STREET

JACKSONVILLE, FL 32206

3333 FRANKLIN STREET

JACKSONVILLE, FL 32206 US

Current Mailing Address: New Mailing Address:

3333 FRANKLIN STREET PO BOX 3694

JACKSONVILLE, FL 32206 US

FEI Number: 59-3013018 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:

MULLER, WILLIE M
3333 FRANKLIN STREET
JACKSONVILLE, FL 32206 US

MOORE, WILLIE F DEACON
3333 FRANKLIN STREET
JACKSONVILLE, FL 32206 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: WILLIE FRANK MOORE 03/25/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: MOORE, WILLIE F DEACON

Address: 617 BASSWOOD

City-St-Zip: JACKSONVILLE, FL 32206 US

Title: V/P

Name: BRAGGS, ALPHONSE PASTOR Address: 2081 CHAFFEE ROAD SOUTH City-St-Zip: JACKSONVILLE, FL 32221 US

Title: F/S

 Name:
 LEWIS, VIOLA J F/S

 Address:
 6271 ST AUGUSTINE ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32217 US

Title: TD

 Name:
 COOPER, SAM DEACON

 Address:
 5869 CARVERPINES COURT

 City-St-Zip:
 JACKSONVILLE, FL 32219 US

I hereby 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 all other like empowered.

SIGNATURE: ALPHONSE BRAGGS V/P 03/25/2010