

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42000

FILED
Feb 13, 2009
Secretary of State

Entity Name: THE REFRESHING SPRINGS PRIMITIVE BAPTIST CHURCH OF JESUS CHRIST INC.

Current Principal Place of Business:

REFRESHING SPRINGS PB CHURCH
291 DENISE ST.
OVIEDO, FL 327650274

New Principal Place of Business:

291 DENISE ST.
OVIEDO, FL 327620274

Current Mailing Address:

REFRESHING SPRINGS PB CHURCH
P.O. 620274
OVIEDO, FL 327650274 US

New Mailing Address:

P.O. BOX 620274
OVIEDO,, FL 327620274

FEI Number: 59-3056702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, ROSA
424 CEDARWOOD COURT
WINTER SPRINGS, FL 32708 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: PS () Delete
Name: HUDSON, ROSA
Address: 424 CEDARWOOD COURT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP () Delete
Name: WALKER, JOHNNY
Address: 6340 LOOKOUT DR
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: NELSON, TAMECA
Address: 424 CEDARWOOD COURT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DM () Delete
Name: WALKER, JOHNNY E
Address: 6340 LOOKOUT DR
City-St-Zip: COCOA, FL 32927

Title: SD () Delete
Name: WALKER, AMY
Address: 6340 LOOKOUT DR
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: OSBORNE, RODNEY
Address: 16060 HARVARD DR
City-St-Zip: COCOA, FL 32922

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: NELSON, TAMECA V
Address: 424 CEDARWOOD COURT
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: TAMECA V. NELSON

D

02/13/2009

Electronic Signature of Signing Officer or Director

Date