

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43203

FILED  
Jun 29, 2009  
Secretary of State

**Entity Name:** CHRISTIAN BAND OF BENEVOLENCE, INCORPORATED

**Current Principal Place of Business:**

916 MERCEDES AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

916 MERCEDES AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-3114801      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POLITE, ELLA SUE  
916 MERCEDES AVENUE  
PANAMA CITY, FL 32401      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: WOOD, R.L.  
Address: 1005 NORTH COVE BLVD.  
City-St-Zip: PANAMA CITY, FL

Title: D      ( ) Delete  
Name: BROOKS, AUDIE  
Address: 915 ELM AVENUE  
City-St-Zip: PANAMA CITY, FL

Title: D      ( ) Delete  
Name: JACKSON, EDNA M.  
Address: 1508 EAST BAY AVENUE  
City-St-Zip: BONIFAY, FL 32425

Title: D      ( ) Delete  
Name: GAMMON, MATTIE  
Address: 922 EAST 10TH COURT  
City-St-Zip: PANAMA CITY, FL

Title: D      ( ) Delete  
Name: LINDSEY, EDDIE  
Address: 936 MCKENZIE AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D      ( ) Delete  
Name: MATTIE, GREEN  
Address: 3281 GAINER ROAD  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: WOOD, R.L.  
Address: 1911 E.10TH ST.  
City-St-Zip: PANAMA CITY, FL 32401

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:

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: POLITE ELLA SUE

D

06/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date