

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50935

FILED
Jan 05, 2009
Secretary of State

Entity Name: ROSEMARY MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2001 COUNTY ROAD 249
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

2001 COUNTY ROAD 249
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 59-2926374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, ROY
1421 MYRTLE AVE.
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

COLLINS, SCOTT
9963 102ND STREET
LIVE OAK, FL 32060 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: SCOTT COLLINS

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: COLLINS, JAMES W
Address: 16340 8TH TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: EVANS, ROY
Address: 1421 MYRTLE AVE.
City-St-Zip: LIVE OAK, FL 32064

Title: O () Delete
Name: DAVIS, ESTELLA
Address: 212 LAKE AVENUE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: GROSS, LINDA
Address: 16358 8TH TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLLINS, SCOTT
Address: 9963 102ND STREET
City-St-Zip: LIVE OAK, FL 32060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: COLEMAN, CORDEILA M
Address: 17935 16TH TRACE
City-St-Zip: LIVE OAK, FL 32060

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: CORDELIA M COLEMAN

MS

01/05/2009

Electronic Signature of Signing Officer or Director

Date