2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N94000004024

Entity Name: THE NEW BRIGHT AND MORNING STAR HOLINESS MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1805 N. ALBANY AVE
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1805 N. ALBANY AVE
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3230995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPBELL, ERIC E
1805 N. ALBANY AVE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

ETHERIDGE, JOHN E
1805 N. ALBANY AVE
TAMPA, FL 33607 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: JOHN E. ETHERIDGE 04/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMPBELL, ERIC E
Address: 1805 N. ALBANY AVE
City-St-Zip: TAMPA, FL 33607

Title: T ( ) Delete
Name: GIVENS, ERMESTINE
Address: 1805 N. ALBANY AVE
City-St-Zip: TAMPA, FL 33607

Title: DC ( ) Delete
Name: JONES, DAVID
Address: 1805 N. ALBANY AVE
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: KEATON, AARON
Address: 1805 N. ALBANY AVE
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: KING, MARCH
Address: 1805 N. ALBANY AVE
City-St-Zip: TAMPA, FL 33607

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ETHERIDGE, JOHN E
Address: 1805 N. ALBANY AVE
City-St-Zip: TAMPA, FL 33607

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: T ( ) Change (X) Addition
Name: WADE, WONDER J
Address: 1805 N ALBANY AVE
City-St-Zip: TAMPA, FL 33607

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: DEACON AARON KEATON D 04/26/2009
Electronic Signature of Signing Officer or Director Date