

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N96000006236

Entity Name: PHILEMON MISSIONARY BAPTIST CHURCH A FULL GOSPEL MINISTRY, INC.

Current Principal Place of Business:

5827 DUNMIRE AVENUE
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

5827 DUNMIRE AVENUE
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-2932366 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:

SIMPSON, ALBERT JR
6775 JACK HORNER LANE
JACKSONVILLE, FL 32210 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: D () Delete
Name: SIMPSON, ALBERT JR
Address: 6775 JACK HORNER LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: O () Delete
Name: MACK, ULYSSES
Address: 6783 JACK HORNER LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: O () Delete
Name: SIMPSON, CYNTHIA A
Address: 6775 JACK HORNER LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: O () Delete
Name: HENRY, SUSIE A
Address: 1742 WEST 21ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: O () Delete
Name: MACK, MARY
Address: 6783 JACK HORNER LANE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DR. ALBERT SIMPSON, JR.

D

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date