

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006236

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: SIMPSON, ALBERT JR  
Address: 6775 JACK HORNER LANE  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** ALBERT SIMPSON, JR.

RA

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date