

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003152

FILED
Apr 28, 2009
Secretary of State

Entity Name: SPRINGHILL MISSIONARY BAPTIST CHURCH OF TAMPA, INC.

Current Principal Place of Business:

8119 E.DR. MARTIN LUTHER KING,JR.,BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

8119 E.DR. MARTIN LUTHER KING,JR.,BLVD.
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3248923 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEEKES, JACQUELINE
3813 NORTH NEBRASKA AVENUE
TAMPA, FL 33603 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: GARNETT, EUGENE REV
Address: 2912 W LEILA AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: GLYMPH, EARL
Address: 1103 E YUKON STREET
City-St-Zip: TAMPA, FL 33604

Title: TD () Delete
Name: RAYMOND POWELL
Address: POST OFFICE BOX 24494
City-St-Zip: TAMPA, FL 33623

Title: VD () Delete
Name: POWELL, SYLVESTER
Address: 9706 N BARYAN AVE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: GRADDY, EDWARD
Address: 10713 KEYLIME WAY
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: PREZELL GOODMAN
Address: 601 RED ROBIN ROAD
City-St-Zip: SEFFNER, FL 33584

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:

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: EUGENE GARNETT, SR.

REV.

04/28/2009

Electronic Signature of Signing Officer or Director

Date