

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004051

FILED
May 15, 2009
Secretary of State

Entity Name: NEW GREATER FRIENDSHIP MISSIONARY BAPTIST INCORPORATED

Current Principal Place of Business:

4413 N. 35TH ST.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4413 N. 35TH ST.
TAMPA, FL 33610

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

MURRAY, MADISON SR.
3507 N. 35TH ST.
TAMPA, FL 33605 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: CDB () Delete
Name: THOMAS, WILLIE C
Address: 1601 E. 29 AVE
City-St-Zip: TAMPA, FL 33055

Title: CT () Delete
Name: JOHNSON, MELVIN
Address: 3002 W. PALIFAX ST.
City-St-Zip: TAMPA, FL 33610

Title: PMC () Delete
Name: COLEMAN, ROBERT
Address: 3411 EAST SHADOWLANE
City-St-Zip: TAMPA, FL 33610

Title: AAFS () Delete
Name: SHAW, ANNIE
Address: 4413 N. 35TH ST.
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: FLOWERS, CURTIS
Address: 4413 N. 35TH ST.
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: ALLEN, JOHN M
Address: 4413 N. 35TH ST.
City-St-Zip: TAMPA, FL 33610

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: MELVIN JOHNSON

CT

05/15/2009

Electronic Signature of Signing Officer or Director

_____ Date