2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005539

FILED Mar 21, 2009 Secretary of State

Entity Name: ST. JOHN PRIMITIVE BAPTIST CHURCH OF MEDULLA, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: ST. JOHN. P.B. CHURCH 5235 OLD HIGHWAY 37 LAKELAND, FL 33811 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 7278 LAKELAND, FL 338077278 FEI Number: 59-2368469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLON, ERIC SR 5868 TRÓPHY LOOP LAKELAND, FL 338112071 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Delete () Change () Addition TOWNES, ROBERT D ELDER Name: Name: 1307 SCOTT CIR Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: Title: DVP () Delete Title: (X) Change () Addition GALLON, ERIC SR. Name: JACKSON, JOHNNIE JR. Name: Address: 5868 TROPHY LOOP Address: 1050 PARKER ROAD City-St-Zip: LAKELAND, FL 338012071 City-St-Zip: LAKELAND, FL 33811 Title: () Delete Title: (X) Change () Addition BROWN, JACKIE MOT. BROWN, JACKIE D MOT. Name: Name: 1240 S. VIRGINIA AVE Address: Address: 1240 S. VIRGINIA AVE City-St-Zip: BARTOW, FL 338306647 City-St-Zip: BARTOW, FL 338306647 Title: () Delete Title: () Change () Addition RICHARDSON, ANDREA SIS. Name: Name: 2523 BLAIR CIRCLE S. Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: () Delete Title: (X) Change () Addition JACKSON, JOHNNY BRO. GALLON, ERIC BRO. Name: Name: 1050 PARKER ROAD 5868 TROPHY LOOP Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 338012071 Title: () Delete Title: () Change () Addition GHENT, SMITH DEA. Name: Name: Address: 5434 LILY RD Address: LAKELAND, FL 33811 City-St-Zip: 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: JACKIE BROWN M 03/21/2009