

FILE NOW: FILING FEE IS \$61.25

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90155 008 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005320

1. Corporation Name

EXODUS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1435 W STATE ST  
JACKSONVILLE FL 32209  
US

Mailing Address

1435 W STATE ST  
JACKSONVILLE FL 32209  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

59-3466548

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ODOM, CARL W JR  
4042 BALD EAGLE LANE  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE  DELETE

NAME ANGELA GRAHAM  
STREET ADDRESS 639 STAFFORDSHIRE DR E  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITILE  DELETE

NAME CARL ODOM JR  
STREET ADDRESS 4042 BALD EAGLE LN  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITILE  DELETE

NAME SONAI WILLIAMS  
STREET ADDRESS 451 MONUMENT RD #118  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITILE  DELETE

NAME CHARLES COLLINS  
STREET ADDRESS 347 W 11TH ST #B  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITILE  DELETE

NAME HENRY BROWN  
STREET ADDRESS 4715 UNIVERSITY N  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITILE  DELETE

NAME EDGAR JINKS  
STREET ADDRESS 1655 W 23RD ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME GLORIA ODOM  
1.3 STREET ADDRESS 4042 BALD EAGLE LN  
1.4 CITY-ST-ZIP JAX, FL 32257

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME SECRETARY  
3.3 STREET ADDRESS BARBARA GIVENS  
3.4 CITY-ST-ZIP 347 W 11TH ST #B  
JAX, FL 32206

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ODOM, JR.

5/1/99

904-353-4891

CR2E037 (11/98)