

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000229

**Entity Name:** FIRST AFRICAN MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

433 PALMETTO AVENUE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

P.O. BOX 95  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number: 59-2899442**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TURNER, STANLEY L  
433 PALMETTO AVENUE  
GREEN COVE SPRINGS, FL 32043 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

**Officer/Director Detail :**

Title DS  
Name JENKINS, JR, CLARENCE  
Address 433 PALMETTO AVENUE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title DT  
Name WASHINGTON, AUDREY D  
Address 433 PALMETTO AVENUE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title DV  
Name TURNER, STANLEY L  
Address 433 PALMETTO AVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name WAN, DEBORAH  
Address 433 PALMETTO AVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name MCDUFFIE, ALBERT  
Address 433 PALMETTO AVENUE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name PRESSLEY, SARAH  
Address 433 PALMETTO AVENUE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name SMITH, FRED  
Address 433 PALMETTO AVENUE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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: STANLEY TURNER**

**02/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date