#### **2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005609

Entity Name: ST. JOHN COMMUNITY PROMISE, INC.

FILED
Apr 08, 2025
Secretary of State
1848147491CC

# **Current Principal Place of Business:**

900 NORTH SEACREST BLVD BOYTON BEACH. FL 33435

### **Current Mailing Address:**

900 NORTH SEACREST BLVD BOYTON BEACH, FL 33435

FEI Number: 46-0653325 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

WATSON, SANDRA 900 N. SEACREST BLVD BOYNTON BEACH, FL 33435 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: SANDRA WATSON 04/08/2025

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	BOARD MEMBER	Title	SECRETARY
Name	BLAKE, CHARLES	Name	THOMAS, WANDA

Address 900 NORTH SEACREST BLVD Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435 City-State-Zip: BOYTON BEACH FL 33435

TitleVICE CHAIRMANTitleBOARD MEMBERNameWATSON, SANDRANameIVERY, CARLTON

Address 900 NORTH SEACREST BLVD Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

City-State-Zip: BOYTON BEACH FL 33435

Title CHAIRMAN Title TREASURER

NameJONES, MIKELNameSARACO, STEPHANIEAddress900 NORTH SEACREST BLVDAddress900 N SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

TitleBOARD MEMBERTitleBOARD MEMBERNameASBURY, WILLIAMNameREID, TANYA

Address 900 NORTH SEACREST BLVD Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

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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: SANDRA WATSON VP 04/08/2025

## Officer/Director Detail Continued:

TitleBOARD MEMBERTitleBOARD MEMBERNameBARBER, JOHNNY L IINamePOWELL, ROSLYN

Address 900 NORTH SEACREST BLVD Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

City-State-Zip: BOYTON BEACH FL 33435

TitleBOARD MEMBERTitleBOARD MEMBERNameSIMS, GUARNNameMCKEEVER, CHERYL

Address 900 NORTH SEACREST BLVD Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

City-State-Zip: BOYTON BEACH FL 33435

TitleBOARD MEMBERTitleBOARD MEMBERNameFRANKSON, DELSUENameLYNCH, HATTIE

Address 900 NORTH SEACREST BLVD Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

City-State-Zip: BOYTON BEACH FL 33435