

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

DOCUMENT# N12000005609

Entity Name: ST. JOHN COMMUNITY PROMISE, INC.

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: No

Name and Address of Current Registered Agent:

DAVIS, JOVAN T. REV. DR.
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: REV. DR. JOVAN T. DAVIS

02/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR/DEACON

Name GIBSON, WILLIE JR.

Address 1047 SW 28TH AVE

City-State-Zip: BOYTON BEACH FL 33426

Title DEACON

Name IVERY, CARLTON DEACON

Address 1336 W INDIES WAY

City-State-Zip: LAKE WORTH FL 33467

Title DEACON

Name SIMS, GUARN DEACON

Address 3021 SOUTH SEACREST BLVD.

City-State-Zip: BOYNTON BEACH FL 33435

Title TRUSTEE/CHAIRMAN

Name BLAKE, CHARLES DEACON

Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

Title SECRETARY

Name THOMAS, WANDA

Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

Title TREASURER

Name WOODSIDE, DEBORAH

Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

Title DIRECTOR

Name DAVIS, JOVAN T. REV. DR.

Address 900 NORTH SEACREST BLVD

City-State-Zip: BOYTON BEACH FL 33435

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: DEBORAH WOODSIDE

TREASURER

02/16/2021

Electronic Signature of Signing Officer/Director Detail

Date