**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 30, 2020**
**Secretary of State**
**6772546251CC**

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:** Yes

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

SJMBC
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: CARLTON IVERY 06/30/2020

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DS |
| Name | SHULER, BARBARA |
| Address | 900 NORTH SEACREST BLVD |
| City-State-Zip: | BOYTON BEACH FL 33435 |

| | |
|---|---|
| Title | DEACON |
| Name | IVERY, CARLTON DEACON |
| Address | 1336 W INDIES WAY |
| City-State-Zip: | LAKE WORTH FL 33467 |

| | |
|---|---|
| Title | TRUSTEE/CHAIRMAN |
| Name | BLAKE, CHARLES DEACON |
| 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/DEACON |
| Name | GIBSON, WILLIE JR. |
| Address | 1047 SW 28TH AVE |
| City-State-Zip: | BOYTON BEACH FL 33426 |

| | |
|---|---|
| Title | DEACON |
| Name | SIMS, GUARN DEACON |
| Address | 3021 SOUTH SEACREST BLVD. |
| City-State-Zip: | BOYNTON BEACH FL 33435 |

| | |
|---|---|
| Title | SECRETARY |
| Name | THOMAS, WANDA |
| 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: CARLTON IVERY DEACON 06/30/2020

Electronic Signature of Signing Officer/Director Detail — Date