

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000407

Entity Name: ST. JOHN'S MISSIONARY BAPTIST CHURCH OF
FROSTPROOF, INC.**Current Principal Place of Business:**573 GRIFFIN QUARTERS ROAD WEST
FROSTPRROOF, FL 33843**Current Mailing Address:**P.O. BOX 534
FROSTPROOF, FL 33843**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MALCOM, PATRICIA
105 HEATHERWOOD BLVD
LAKE WALES, FL 33859 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:** MALCOM PATRICIA

01/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BOBB, VERNON
Address	105 HEATHERWOOD BLVD
City-State-Zip:	LAKE WALES FL 33859

Title	TREASURER
Name	WILSON, SHARON
Address	2075 WEST LAKE HAMILTON DRIVE
City-State-Zip:	WINTER HAVEN FL 33881

Title	SECRETARY
Name	TRUETT, BARBARA
Address	2613 SUNSET CIRLCE
City-State-Zip:	LAKE WALES FL 33898

Title	FINANCIAL SECRETARY
Name	BOBB, JACQUELYN BRUNSON
Address	105 HEATHERWOOD BLVD
City-State-Zip:	LAKELAND FL 33859

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: JACQUELYN D BRUNSON-BOBB**FINANCIAL SECRETARY**

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date