

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30979

**Entity Name:** ST. ANDREW MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

2600 W 45TH ST  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

2600 W 45TH ST  
JACKSONVILLE, FL 32209

**FEI Number: 59-2469480**

**Certificate of Status Desired: No**

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

MARSHALL, REESE  
214 EAST ASHLEY STREET  
JACKSONVILLE, FL 32202 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 TRUSTEE  
Name BRACLET, HOWARD W  
Address 1603 WEST 16TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE  
Name CAMPBELL, CHRISTINA L  
Address 5918 LUSAID DRIVE  
City-State-Zip: JACKSONVILLE FL 32209

Title TREASURER  
Name FUCE, ADDIE  
Address 3525 DIVISION STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title SECRETARY  
Name SMITH, FELICIA  
Address 1647 TOWNSEND BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32211

*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: FELICIA SMITH**

**SECRETARY**

**02/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date