

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004914

Entity Name: ST. JOHN MISSIONARY BAPTIST CHURCH, INC. OF
TALLAHASSEE**Current Principal Place of Business:**2125 KEITH ST
TALLAHASSEE, FL 32310**Current Mailing Address:**5032 CAPITAL CIRCLE SW - STE. 2 PMB#168
TALLAHASSEE, FL 32305**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARTER, TAWANA L
2125 KEITH ST
TALLAHASSEE, FL 32310 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:** TAWANA CARTER

04/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DEACON
Name MASON, PATRICK LEON
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title TRUSTEE
Name HAYES, JOHNNY
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title DEACON
Name HOLMES, FRANKLIN
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title DEACON
Name EDWARDS, JOSEPH
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title DEACON
Name GAVIN, KIRK E. SR.
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title DEACON
Name GAVIN, RANDALL SR.
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title DEACON
Name GAINOUS, ALFRED SR.
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title CHURCH CLERK, TRUSTEE
Name CARTER, TAWANA
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

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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: TAWANA CARTER**CHURCH SECRETARY**

04/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name STARLING, THELBERT
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310

Title TREASURER
Name PENNYWELL, VIVIAN
Address 2125 KEITH STREET
City-State-Zip: TALLAHASSEE FL 32310

Title PASTOR
Name MONTGOMERY, JR., ERVIN
Address 2125 KEITH ST
City-State-Zip: TALLAHASSEE FL 32310