


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 708255	
1. Entity Name ST. JOHN DIVINE MISSIONARY BAPTIST CHURCH, INC.	

Principal Place of Business 620 E. JORDAN STREET PENSACOLA, FL 32503	Mailing Address 620 E. JORDAN STREET PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3682477	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICKSON, THOMAS
3211 N. 6TH AVENUE
PENSACOLA, FL 32503

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000570354 07/14/06-80011-006 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD, EDDIE S. S 6196 RINGOLD CIRCLE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STALLWORTH, CORNELL 3249 TORRES AVE. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWTON, JOHNNIE R. 1505 W. YOUNG STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, HENRY 112 WARWICK AVENUE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD NICKSON, THOMAS 3211 N. 6TH AVENUE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, DENNIS 2000 EAST CROSS STREET PENSACOLA, FL 32503

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johnnie R. Newton 7/11/06 (850) 432-0568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #