

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708255

FILED
Mar 04, 2009
Secretary of State

Entity Name: ST. JOHN DIVINE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

620 E. JORDAN STREET
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

620 E. JORDAN STREET
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3682477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TODD, EDDIE S. S
Address: 6196 RINGOLD CIRCLE
City-St-Zip: PENSACOLA, FL

Title: VPD () Delete
Name: STALLWORTH, CORNELL
Address: 3249 TORRES AVE.
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: NEWTON, JOHNNIE R.,
Address: 1505 W. YOUNG STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: SMITH, HENRY
Address: 112 WARWICK AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: MD () Delete
Name: NICKSON, THOMAS
Address: 3211 N. 6TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: DICKERSON, DENNIS
Address: 2000 EAST CROSS STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHNNIE R. NEWTON

SD

03/04/2009

Electronic Signature of Signing Officer or Director

Date