


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 714104</b> 1. Entity Name <b>ST. JOHN MISSIONARY BAPTIST CHURCH OF IMMOKALEE, INC.</b>	
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Principal Place of Business <b>201 W. EUSTIS AVE IMMOKOLEE FL 34142</b>	Mailing Address <b>P.O. BOX 1033 IMMOKOLEE FL 34143</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE	CR2E037 (10/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>65-0350056</b>	
City & State	City & State		
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Applied For	Not Applicable

6. Name and Address of Current Registered Agent  <b>JELKS, FLORENCE 419 BOOKER BLVD IMMOKOLEE FL 34142</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P KIMBAL, THOMAS RECDRPA	
STREET ADDRESS	79 EMERALD WOOD ST, APT J-4	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRANK MINISTR	
STREET ADDRESS	916 JAGUAR ST	
CITY- ST- ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORGAN, LONZO	
STREET ADDRESS	609 NASSAU ST., APT #2	
CITY- ST- ZIP	IMMOKOLEE FL 34142	
TITLE	T	<input type="checkbox"/> Delete
NAME	JELKS, FLORENCE	
STREET ADDRESS	419 BOOKER BLVD	
CITY- ST- ZIP	IMMOKOLEE FL 34143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000876462		
NAME	04/11/08-80073-022 70.00		
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Florence Jelks / Florence Jelks* 3/24/08