

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714426

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** ST. JOHNS RIVER BAPTIST ASSOCIATION, INC.

**Current Principal Place of Business:**

707 LAUREL STREET  
PALATKA, FL 321775149

**New Principal Place of Business:**

707 LAUREL STREET  
PALATKA, FL 32177

**Current Mailing Address:**

707 LAUREL STREET  
PALATKA, FL 321775149

**New Mailing Address:**

707 LAUREL STREET  
PALATKA, FL 32177

**FEI Number:** 59-2123276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GREEAR, ASA REV  
707 LAUREL ST  
PALATKA, FL 32177 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: D  
Name: BEAUCHAMP, DAVID DR  
Address: 885 SR 206 E  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D  
Name: GREEAR, ASA REV  
Address: 707 LAUREL STREET  
City-St-Zip: PALATKA, FL 32177

Title: STT  
Name: CHANCEY, HAROLD N MR.  
Address: 707 LAUREL ST  
City-St-Zip: PALATKA, FL 32177

Title: SEC  
Name: SMITH, LINDA MRS  
Address: 2512 N WATERLEAF DR  
City-St-Zip: ST. AUGUSTINE, FL 32092

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:** REV. ASA GREEAR

D

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date