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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

(A)

| SAINT | JOHN BAPTIST CHURCH, I | NC. | | | | | |
|--|--|---|--|---|--------------------|-----------------------------|---------------------------------------|
| Principal Place | e of Business | Mailing Address | | 1 100 11 100 12 13 14 15 15 15 15 15 15 15 | IIII IIII IIII III | DII DIDII DIDI | H OLOH OLOH RAEL |
| 2025 W. CENTRAL BLVD. ORLANDO FL 32825 | | 2025 W. CENTRAL BLVD. ORLANDO FL 32805 | | | | | |
| | | | | 3. Date incorporated or Qualified 06/26/1969 | | te of Last 04/27/1 | , |
| 2. Principal Pi | lace of Business | 2a. Mailing Address 26 | | 4. FEI Number 59-1694436 | | | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | Vot Applicable Additional |
| 2 | | 27 | | Certificate of Status Desired | | | Required |
| City & State 3 | ė | City & State | | 6. Election Campaign Financing | | | May Be |
| Zip | Country | Zip | Country | Trust Fund Contribution 8. This corporation has liability for | | | to Fees |
| 4 | 25 | 29 | 30 | Florida Statutes | ☐ Yes ☐ | No | 195.002, |
| | 9. Name and Address of Current | Registered Agent | 641 | 10. Name and Address of New | Registered / | Agent | |
| | | | 81 Name | Dea. Dean Wilson | | | |
| | TE, DEA. JAMES, JR. | | 82 Street | Address (P.O. Box Number is Not Accepta 3 Prince Hall Blvd | able) | | |
| | ASIE PLACE DO FL 32805 | | B3 4.3.4 | 3 Prince nail Bive | · | | · · · · · · · · · · · · · · · · · · · |
| ONLAN | DO 1E 32803 | | | | | ··· | |
| | | | 84 City Orl | ando | FL | 85 Z ₃ | 2811 |
| 11. Pursuant | to the provisions of Sections 617.0502 a | and 617.1508, Florida Statut | es, the above-named oc | orporation submits this statement for the placehold board of directors. I hereby accept the ap | | nging its re | egistered office |
| or register | the age of accept the obligations of Costin | a. Social change was authorize | ed by the corporation's | board or directors, i nereby accept the ap | pointment as | registerea | agent. i am |
| tamihar wi | th, and accept the obligations of, Section | n 617.0503, Florida Statutes | S | | | | _ |
| tamiliar wi | Joan Wil | n 617.0503, Florida Statutes | S. | | | | |
| tanıllar wi SIGNATURE | Signature, typed or printed name of registerod agent as | on 617.0503, Florida Statutes Indutio if applicable (NO | S. DTE: Registered Agent signature re | equired when reinstating) | DATE | DIDECTO | |
| SIGNATURE . | Signature, typed or printed name of registerod agent ar OFFICERS AND | on 617.0503, Florida Statutes Indition if applicable (NO DIRECTORS | S. | | FICERS AND | | RS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered againt an OFFICERS AND | on 617.0503, Florida Statutes Indutio if applicable (NO | S. DTE: Riogistered Agent signature in 13. | equired when reinstating) ADDITIONS/CHANGES TO OR | FICERS AND | DIRECTO Change | |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

407 -422#5725