

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716798 (4)

1. Corporation Name

SAINT JOHN BAPTIST CHURCH, INC.

Principal Place of Business

2025 W. CENTRAL BLVD.  
ORLANDO FL 32835

Mailing Address

2025 W. CENTRAL BLVD.  
ORLANDO FL 32805



3. Date Incorporated or Qualified  
06/26/1969

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1694436

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVETTE, DEA. JAMES, JR.  
3550 BASIE PLACE  
ORLANDO FL 32805

81 Name

Dea. Dean Wilson

82 Street Address (P.O. Box Number is Not Acceptable)

4323 Prince Hall Blvd.

83

84 City

Orlando

FL

85 Zip Code

32811

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Dean Wilson*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☒ DELETE  
NAME LOVETTE, DEA. JAMES, JR.  
STREET ADDRESS 3550 BASIE PL  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE PC ☐ Change ☒ Addition  
1.2 NAME Dean Wilson  
1.3 STREET ADDRESS 4323 Prince Hall Blvd.  
1.4 CITY-ST-ZIP Orlando, FL 32811

TITLE VD ☐ DELETE  
NAME RANDLE, JIMMIE L.  
STREET ADDRESS 2609 MARQUISE CT.  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME HAZLEY, WILLIE  
STREET ADDRESS 1073 S HIAWASSEE RD 1015  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME WILSON, DEAN  
STREET ADDRESS 4323 PRINCE HALL BLVD  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME Robert E. Evans  
4.3 STREET ADDRESS 8631 Knottingham Dr.  
4.4 CITY-ST-ZIP Kissimmee, FL 34747

TITLE DC ☐ DELETE  
NAME RANDLE, JIMMIE L.  
STREET ADDRESS 2609 MARQUISE CT.  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

500001746085

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jimmie L. Randle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

407-42245725

CR2E037 (12/95)