


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90043 014 ****70.00

DOCUMENT # 716798	
1. Entity Name SAINT JOHN BAPTIST CHURCH, INC.	

Principal Place of Business 2025 W. CENTRAL BLVD. ORLANDO, FL 32805	Mailing Address 2025 W. CENTRAL BLVD. ORLANDO, FL 32805
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2. Principal Place of Business Suite, Apt., #, etc.		3. Mailing Address Suite, Apt., #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012005 Chg-NP CR2E037-(10/03)

4. FEI Number 59-1694436		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, DEAN 4323 PRINCE HALL BLVD ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Dean Wilson* DATE 3-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to: <input checked="" type="checkbox"/> Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WILSON, DEAN 4323 PRINCE HALL BLVD ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDDC EVANS, ROBERT E 8631 KNOTTINGHAM DR KISSIMMEE, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBRETEN, DRITICIA 4700 LAWNE BOULEVARD ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Ann B. Payne 4563 S. Lake Orlando Parkway Orlando, FL 32808</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAZLEY, WILLIE 4302 FOX WILLOW CIR CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Marva Cummings 5028 Ute Street Orlando, FL 32819</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dean Wilson* DATE 3/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #