

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**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**



01182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1694436**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, DEAN  
4323 PRINCE HALL BLVD  
ORLANDO, FL 32811**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	WILSON, DEAN
STREET ADDRESS	2025 W. CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	VDDC
NAME	EVANS, ROBERT E
STREET ADDRESS	2025 W. CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	TD
NAME	PAYNE, ANN B
STREET ADDRESS	2025 W. CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	SD
NAME	CUMMINGS, MARVA
STREET ADDRESS	2025 W. CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	CD
NAME	WINDOM, JESSE
STREET ADDRESS	2025 W CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	ACD
NAME	JONES, ARLEE
STREET ADDRESS	2025 W CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32805

U00000598693  
01/24/07-80085-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Dean Wilson*

**Dean Wilson**

**1-18-2007 407 422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #