2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728458

FILED Apr 06, 2009 Secretary of State

Entity Name: ST. JOHNS PRIMITIVE BAPTIST CHURCH OF DELRAY BEACH, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
615 N.W. DELRAY E	1ST ST. BEACH, FL 334442	637			
Current Mailing Address:			New Mailin	New Mailing Address:	
615 N.W. DELRAY E	1ST ST. BEACH, FL 334442	637			
FEI Number	: 59-1608519 FE	Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Curre	nt Registered Agent:	Name and	Address of New Registered Agent:	
816 PAR (LEONARD CIRCLE BEACH, FL 33445	US			
	named entity subme of Florida.	its this statement for the p	urpose of changing its	s registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic Sig	gnature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delet RICARDO, GRANT 301 SW 8 ST DELRAY BEACH, FL	e	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () Delet ROLLINS, MAJOR 2440 NW 91 ST MIAMI, FL	е	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	ROLLINS, MAJOR 2440 NW 91 ST	е	Name: Address:	() Change () Addition () Change () Addition	
Name: Address:	ROLLINS, MAJOR 2440 NW 91 ST MIAMI, FL S () Delet OWENS, MAUREEN 2638 NE 3 CT	e L 33435	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	ROLLINS, MAJOR 2440 NW 91 ST MIAMI, FL S () Delet OWENS, MAUREEN 2638 NE 3 CT BOYNTON BEACH, F DT () Delet BUTLER, LEONARD 816 PAR CIRCLE	e L 33435 e	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition T (X) Change () Addition BUTLER, LEONARD 816 PAR CIRCLE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONARD BUTLER T 04/06/2009