2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # 729772 1. Entity Name

TRUSTEE CORPORATION OF THE HUNTER PARK

Country

6. Name and Address of Current Registered Agent

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

MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Ζip

SIGNATURE

4448 EMERSON STREET JACKSONVILLE FL 32207-4917

DOWD, JAMES

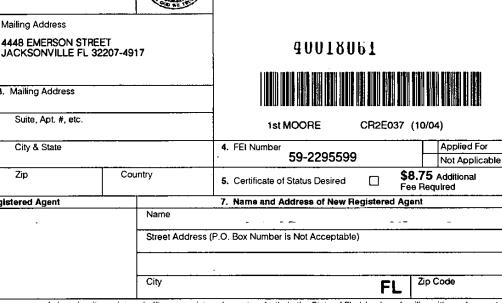
3433 TAYLOR ST

JACKSONVILLE FL 32207



FILED Feb 14, 2005 8:00 am **Secretary of State**

02-14-2005 90053 003 ****61.25



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.

(NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

SERVICE CONTROL CONTRO						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOWD, JAMES 3433 TAYLOR STREET JAX FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERT, DALE H 3752 CACTUS LANE JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERT, JAMES 3752 CACTUS LANE JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWD, JOANN 3433 TAYLOR ST JAX FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARD, JOFFRON 2425 UNA DR. JACKSONVILLE FL 32216)⊠_Delete	CITY-ST-ZIP	TAY peeples 368 CAIIA ST. JAY. FIA 32207	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERDLOVE, MARK 2825 ADELE RD JACKSONVILLE FL 32216	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THERBORT SMITH 2241 Lean Rd. JOX. FIA. 32246	⊠ Change	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:

James Jour Tames

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR