FILE NOW: FILING FEE IS $61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 740003 (9)

1. Corporation Name
ST. JOHN MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
239 N.E. 12TH AVENUE BOYNTON BEACH FL 33435-3117	239 N.E. 12TH AVENUE BOYNTON BEACH FL 33435-3117

Change of Address

2. ~~Principal Place of Business~~	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 900 North Seacrest Blvd.	Suite, Apt. #, etc. 27: 900 North Seacrest Blvd.
City & State 23: Boynton Beach, FL	City & State 28: Boynton Beach FL
Zip 24: 33435 County 25: Palm Beach	Zip 29: 33435 County 30: Palm Beach

3. Date Incorporated or Qualified: 08/25/1977
3a. Date of Last Report: 05/22/1996

4. FEI Number: 65-0220124 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

HARRIS, EDWARD M.
6385 COUNTY FAIR CIRCLE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE, RANDOLPH M.		1.2 NAME	
STREET ADDRESS	239 N.E. 12TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCRAY, MACK		2.2 NAME	
STREET ADDRESS	239 N.E. 12TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, EDWARD M.		3.2 NAME	
STREET ADDRESS	6385 COUNTY FAIR CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/1/97

100002166961
-05/06/97--01019--073
***61.25

CR2E037 (9/96)

14. I do 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 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: _____ Chief Clerk 4/11/1997