FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am Secretary of State DOCUMENT # 740003 ST. JOHN MISSIONARY BAPTIST CHURCH, INC. 01-22-2001 90138 032 ****70.00 Principal Place of Business Mailing Address 900 NORTH SEACREST BLVD. 900 NORTH SEACREST BLVD. **BOYNTON BEACH FL 33435 LUUU/36**3 **BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0220124 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARRIS, EDWARD M. 6385 COUNTY FAIR CIRCLE **BOYNTON BEACH FL 33437** Zip Code City Fl 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. → Change Addition **★** Delete TITLE TITLE Pp LEE, RANDOLPH M. NAME LEE, RANDOLPH M. NAME STREET ADDRESS STREET ADDRESS 239 N.E. 12TH AVENUE 407 nw 9th AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** BOYNTON BCH. FL 33435 ★ Change ☐ Addition TITLE Delete TITLE MCCRAY, MACK NAME NAME MCCRAY, MACK STREET ADDRESS 239 N.E. 12TH AVENUE STREET ADDRESS 806 NW 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** BOYNTON BCH FL 33435 + Change ☐ Addition ■ Delete TITLE TITLE HARRIS, EDWARD M. NAME NAME HARRIS, EDWARD M. STREET ADDRESS STREET ADDRESS 6385 COUNTY FAIR CIRCLE 6385 COUNTY FAIR CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** BOYNTON BCH, FL 33437 ☐ Change ★ Addition ☐ Delete TITLE TITLE SD OWENS, SHIRLEY A. NAME STREET ADDRESS STREET ADDRESS 218 NE 12TH AVENUE CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH FL 33435 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.