2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am DOCUMENT # 740003 **Secretary of State** 1. Entity Name 03-16-2006 90244 003 ****70.00 ST. JOHN MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 900 NORTH SEACREST BLVD. BOYNTON BEACH FL 33435 900 NORTH SEACREST BLVD. BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0220124 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANEY, LANCE REV Street Address (P.O. Box Number is Not Acceptable) 238 BIRCH ST **BOYNTON BEACH FL 33426** Zip Code 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) FILE NOW: FEE IS'\$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE ☐ Change Addition SIMS, GUARN NAME NAME 209 SW 3RD ST STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HARRIS, EDWARD M. NAMÉ NAME 6385 COUNTY FAIR CIRCLE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIE CUTY-ST-71P TITLE TITLE □ Delete ☐ Addition OWENS, SHIRLEY A NAME NAME STREET ADDRESS 218 NE 12TH AVE STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change Addition CHANEY, LANCE NAME NAME STREET ADDRESS 238 BIRCH ST STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition A BROWN, HOWARD FRAZIER, CHARLIE NAME NAME 360 DAVIS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shirkley A. Dwews 3-7-06 561.732.2377