

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # 740003

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



Principal Place of Business
900 NORTH SEACREST BLVD.
BOYNTON BEACH, FL 33435

Mailing Address
900 NORTH SEACREST BLVD.
BOYNTON BEACH, FL 33435



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0220124

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANEY, LANCE REV
238 BIRCH ST
BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000800922
01/31/08-80035-023 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IVERY, CARLTON
STREET ADDRESS	1336 W INDIES WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	CD
NAME	HARRIS, EDWARD M.
STREET ADDRESS	6385 COUNTY FAIR CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	SD
NAME	OWENS, SHIRLEY A
STREET ADDRESS	218 NE 12TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	PD
NAME	CHANEY, LANCE
STREET ADDRESS	238 BIRCH ST
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	TD
NAME	BROWN, HOWARD
STREET ADDRESS	136 SE 14TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Shirley A Owens 01-23-08 561-732-2377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #