

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740003

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

900 NORTH SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

900 NORTH SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0220124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHANEY, LANCE REV
4312 POMELO BLVD
BOYNTON BEACH, FL 33436 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IVERY, CARLTON
Address: 1336 W INDIES WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: CD () Delete
Name: HARRIS, EDWARD M.
Address: 6385 COUNTY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: OWENS, SHIRLEY A
Address: 218 NE 12TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD () Delete
Name: CHANEY, LANCE
Address: 238 BIRCH ST
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD (X) Delete
Name: BROWN, HOWARD
Address: 136 SE 14TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BROWN, HOWARD
Address: 136 SE 14TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD (X) Change () Addition
Name: CHANEY, LANCE
Address: 4312 POMELO BLVD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON IVERY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date