

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740256 (3)

1. Corporation Name

ST. JOHNS MISSIONARY BAPTIST CHURCH

Principal Place of Business

Mailing Address

2006 A. E. ISAACS AVENUE
WEST PALM BEACH FL 33407

2006 A. E. ISAACS AVENUE
WEST PALM BEACH FL 33407

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TYSON, JOSEPH B.
3521 W 35TH STREET
RIVERIA BCH. FL 33404

3. Date Incorporated or Qualified

09/26/1977

4. FEI Number

59-1665221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-98

12. OFFICERS AND DIRECTORS

TITLE TC ☐ DELETE

NAME DAVIS, HODGES
STREET ADDRESS 419 S. MANGONIA CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TVC ☐ DELETE

NAME WILLIAMS, BETTYE
STREET ADDRESS 917 W. 3RD STREET
CITY-ST-ZIP RIVERIA BEACH FL

TITLE C ☐ DELETE

NAME POWELL, RUTH M.
STREET ADDRESS 1600 30TH STREET
CITY-ST-ZIP RIVERIA BEACH FL

TITLE TS ☒ DELETE

NAME RUPUS, CHESTER
STREET ADDRESS 1348 PALM BEACH LAKES BLVD.
CITY-ST-ZIP W. PALM BEACH FL

TITLE CT ☐ DELETE

NAME HARDNETT, BARBARA
STREET ADDRESS 350 W. 21ST STREET
CITY-ST-ZIP RIVERIA BEACH FL

TITLE DT ☐ DELETE

NAME TEAGUE, SAMUEL L., SR.
STREET ADDRESS 1100 W. 2ND STREET R.B.
CITY-ST-ZIP RIVERIA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TT
John, Rostant
1618 44th Street
West Palm Beach, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/98

CR2E037 (5/98)