

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90111 010 ****61.25

DOCUMENT # 740256

1: Corporation Name

ST. JOHNS MISSIONARY BAPTIST CHURCH

Principal Place of Business

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

Mailing Address

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



2: Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a: Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9: Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12: OFFICERS AND DIRECTORS

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

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

TITLE C
NAME POWELL, RUTH M.
STREET ADDRESS 1660 30TH STREET
CITY-ST-ZIP RIVERIA BEACH FL

TITLE TT
NAME ROSTANT, JOHN
STREET ADDRESS 1618 44TH ST
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE DT
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Rev. Joseph B. Tyson

4/7/99

(561) 833-3966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)