

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740256

1. Entity Name

ST. JOHNS MISSIONARY BAPTIST CHURCH

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90032 044 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1665221**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #0

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TVC**
STREET ADDRESS **WILLIAMS, BETTYE**
CITY-ST-ZIP **917 W. 3RD STREET
RIVIERA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **POWELL, RUTH M.**
CITY-ST-ZIP **1660 30TH STREET
RIVIERA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CT**
STREET ADDRESS **HARDNETT, BARBARA**
CITY-ST-ZIP **350 W. 21ST STREET
RIVIERA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **TEAGUE, SAMUEL L., SR.**
CITY-ST-ZIP **1100 W. 2ND STREET R.B.
RIVIERA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)