

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744106

FILED
Jul 11, 2007
Secretary of State

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

Current Principal Place of Business:

5914 S. 78TH STREET
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5914 S. 78TH STREET
TAMPA, FL 33619

New Mailing Address:

FEI Number: 58-1837666 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NOBLES, HENRY E ESQ
1511 N. MORGAN
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FS () Delete
Name: ELSTON, ARNOLD
Address: 8531 BLUE RIDGE DR
City-St-Zip: TAMPA, FL 33619

Title: CT () Delete
Name: ROBERTS, CHARLES S
Address: 7917 DAHLIA AVE
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: RODGERS, ELI
Address: 1711 WINDERMERE WAY
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: WASHINGTON, GEORGE
Address: 5201 SO. 80TH ST
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: PHILON, ROBERT
Address: 4917 81 ST
City-St-Zip: TAMPA, FL 33619

Title: CCT () Delete
Name: MURPHY, JAMES
Address: 5410 87 STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHARLES ROBERTS

MR.

07/11/2007

Electronic Signature of Signing Officer or Director

Date