

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90126 020 \*\*\*\*70.00

DOCUMENT # 745067

1. Corporation Name

SECOND MISSIONARY BAPTIST CHURCH OF JACKSONVILLE  
, INC.

Principal Place of Business

954 KINGS ROAD  
JACKSONVILLE FL 32204

Mailing Address

954 KINGS ROAD  
JACKSONVILLE FL 32204

4 9 2 8 5 7  
492057 - 90126 - 20



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

11/28/1978

4. FEI Number

59-1110679

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

CLEVELAND S RAYMOND  
2491 WEST 23RD ST  
JACKSONVILLE FL 32209

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 VPD  
NAME DEAN, JOSEPH  
STREET ADDRESS 6225 DELLA CT  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DT  
NAME ARNETT, ROGERS S  
STREET ADDRESS 1355 GROTHE ST  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE EOD  
NAME SMITH, ODELL REV.  
STREET ADDRESS 3500 UNIVERSITY BLVD. N. #2712  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE TD  
NAME BAKER, FRANK N.  
STREET ADDRESS 1645 W. 12TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME CUE GEORGIA R  
STREET ADDRESS 1844 W 30TH ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD  
NAME MCCRAY, JOHNNY  
STREET ADDRESS 2908 RIBAUT CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME D Bartley Gray  
1.3 STREET ADDRESS 9322 Jaybird Circle  
1.4 CITY-ST-ZIP Jacksonville, FL. 32257

2.1 TITLE  
2.2 NAME S Titus Wyche  
2.3 STREET ADDRESS 727 Baker Avenue  
2.4 CITY-ST-ZIP Jacksonville, FL. 32209

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: Johnny McCray

4/27/99

904-768-6872

Date

Daytime Phone #

CR2E037 (11/98)