## 2000 UNIFORM BUSINESS REPORT (UBR)

#### **FILED** DOCUMENT # **745067** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name SECOND MISSIONARY BAPTIST CHURCH OF JACKSONVILLE 04-22-2000 90003 049 \*\*\*\*70.00 Principal Place of Business Mailing Address 954 KINGS ROAD 954 KINGS ROAD JACKSONVILLE FL 32204 JACKSONVILLE FL 32204-1131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1110679 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLEVELAND S RAYMOND 2491 WEST 23RD ST JACKSONVILLE FL 32209 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition VPD TITLE ☐ Change TITLE Delete DEAN, JOSEPH NAME NAME STREET ADDRESS 6225 DELLA CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Addition ☐ Change TITLE DT ☐ Delete TITLE ARNETT, ROGERS \$ NAME NAME STREET ADDRESS STREET ADDRESS 1355 GROTHE ST CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32209 . Delete, . Change \_ \_ Addition . TITLE SMITH, ODELL REV. NAME STREET ADDRESS STREET ADDRESS 3500 UNIVERSITY BLVD. N. #2712 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BAKER, FRANK N. NAME STREET ADDRESS STREET ADDRESS 1645 W. 12TH STREET CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl □ Delete TITLE ☐ Change ☐ Addition **CUE GEORGIA R** NAME NAME STREET ADDRESS STREET ADDRESS 1844 W 30TH ST CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville fl</u> TITLE Change Addition TITLE **VPD** Defete NAME NAME MCCRAY, JOHNNY STREET ADDRESS STREET ADDRESS 2908 RIBAULT CIRCLE CITY-ST-ZIP CITY - ST-7IP Jacksonville fl 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 AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnny,

SIGNATURÉ

#745061

## SECOND MISSONARY BAPTIST CHURCH

954 King Road Jacksonville, Florida 32204 Phone No. (904) 354-8268 – Fax No. (904)4966 Rev. Dr. Odell Smith, Jr., Pastor

Deacon Johnny McCray Church Budget and Finance Director

Year 2000

# TRUSTEES MINISTRY

#### **MEMBERS:**

- 1. Dea. Cleveland S. Raymond Chairman
- 2. Bro. Joseph Dean First Vice Chairman
- 3. Bro. Arnett P. Rogers Second Vice Chairman
- 4. Dea. Johnny McCray Officer and Director
- 5. Bro. Frank Baker Treasurer
- 6. Dea. Lucious J. Sumlar Assistant Treasurer
- 7. Sis. Georgia R. Cue Recording Secretary
- 8. Bro. Jessie Pullins, Jr.
- 9. Sis. Josie Henderson
- 10. Bro. Titus Wyche Secretary