

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745067

FILED
Apr 27, 2004
Secretary of State

Entity Name: SECOND MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

954 KINGS ROAD
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

954 KINGS ROAD
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-1110679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLEVELAND S RAYMOND
2491 WEST 23RD ST
JACKSONVILLE, FL 32209 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: D () Delete
Name: HENDERSON, JOSIE
Address: 2402 PULLMAN AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: VC () Delete
Name: PULLINS, JESSIE
Address: 5090 DOTSIE DR. S
City-St-Zip: JACKSONVILLE, FL 32209

Title: EOD () Delete
Name: SMITH, ODELL REV.,
Address: 8138 PARKRIDGE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD () Delete
Name: SUMLAR, LUCIOUS
Address: 7315 IRVING SCOTT DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: CUE GEORGIA R,
Address: 1844 W 30TH ST
City-St-Zip: JACKSONVILLE, FL

Title: MD () Delete
Name: MCCRAY, JOHNNY
Address: 2908 RIBAUT CIRCLE
City-St-Zip: JACKSONVILLE, FL

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 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 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: JOHNNY MCCRAY

MD

04/27/2004

Electronic Signature of Signing Officer or Director

Date