2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745067

FILED May 19, 2007 Secretary of State

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

Current Maili 954 KINGS RO JACKSONVILI FEI Number: 59- In accordance w Name and Ad	ing Address: OAD LE, FL 32204	New Maili	ng Address:
JACKSONVILI FEI Number: 59- In accordance w Name and Ad CLEVELAND:	OAD .LE, FL 32204 -1110679 FEI Number Applied For () FE	New Maili	ng Address:
	.LE, FL 32204 -1110679 FEI Number Applied For() FE		
In accordance w Name and Ad CLEVELAND			
CLEVELAND :	ddress of Current Registered Agent:		
JACKSONVILI	S RAYMOND 23RD ST .LE, FL 32209 US med entity submits this statement for the purpo		ts registered office or registered agent, or both,
SIGNATURE:			
OIOIW (TORL)	Electronic Signature of Registered Agent		Date
OFFICERS A	ND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Address: 24	() Delete AYMOND, CLEVELAND S 491 WEST 23RD STREET ACKSONVILLE, FL 32209	Title: Name: Address: City-St-Zip:	() Change () Addition
Address: 50	C () Delete ULLINS, JESSIE 090 DOTSIE DR. S ACKSONVILLE, FL 32209	Title: Name: Address: City-St-Zip:	VC (X) Change () Addition PULLINS, JR., JESSIE 5090 DOSTIE DRIVE S JACKSONVILLE, FL 32209
Name: SN Address: 81	OD () Delete MITH, ODELL REV., 138 PARKRIDGE CIRCLE SOUTH ACKSONVILLE, FL 32211	Title: Name: Address: City-St-Zip:	() Change () Addition
Address: 73	D () Delete UMLAR, LUCIOUS 315 IRVING SCOTT DRIVE ACKSONVILLE, FL 32209	Title: Name: Address: City-St-Zip:	()Change ()Addition
Address: 18	() Delete UE GEORGIA R, 844 W 30TH ST ACKSONVILLE, FL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CUE GEORGIA R, 12609 SAMPSON ROAD JACKSONVILLE, FL 32218
Address: 29	ID () Delete ICCRAY, JOHNNY 908 RIBAULT CIRCLE ACKSONVILLE, FL	Title: Name: Address: City-St-Zip:	MD (X) Change () Addition MCCRAY, JOHNNY 2908 RIBAULT CIRCLE JACKSONVILLE, FL 32208

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: JOHNNY MCCRAY MD 05/19/2007