

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745067

FILED  
Feb 02, 2010  
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: C  
Name: RAYMOND, CLEVELAND S  
Address: 2491 WEST 23RD STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VC  
Name: PULLINS, JR., JESSE  
Address: 5090 DOSTIE DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32209

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

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

Title: D  
Name: CUE GEORGIA R  
Address: 12609 SAMPSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MD  
Name: MCCRAY, JOHNNY  
Address: 2908 RIBAUT CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: JOHNNY MCCRAY

MD

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date