

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90028 032 *****70.00

DOCUMENT # 745067

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1110679**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEVELAND S RAYMOND
2491 WEST 23RD ST
JACKSONVILLE FL 32209**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HENDERSON, JOSIE**
STREET ADDRESS **2402 PULLMAN AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **PULLINS, JESSIE**
STREET ADDRESS **5090 DOTSIE DR. S**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **VC** ☒ Change ☐ Addition
NAME **Pullins, Jessie**
STREET ADDRESS **5090 Dostie Drive South**
CITY-ST-ZIP **Jacksonville, Florida 32211**

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

TITLE **EOD** ☒ Change ☐ Addition
NAME **Smith, Odell Rev.**
STREET ADDRESS **8138 Parkridge Circle South**
CITY-ST-ZIP **Jacksonville, Florida 32211**

TITLE **TD** ☐ Delete
NAME **SUMLAR, LUCIOUS**
STREET ADDRESS **7315 IRVING SCOTT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **MD** ☒ Change ☐ Addition
NAME **McCray, Johnny**
STREET ADDRESS **2908 Ribault Circle**
CITY-ST-ZIP **Jacksonville, Florida**

12. 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:

[Signature]

4/28/03 904-3548268

CR2E037 (10/02)

Attachment
90130415
745067

ADDITIONS/CHANGES TO OFFICERS AND DIRETORS IN 10

C Raymond, S. Cleveland 2491 West 23 rd St. Jacksonville, Florida 32209	
VC Pullins, Jessie 5090 Dostie Drive South Jacksonville, Florida 32209	
MD McCray, Johnny 2908 Ribault Circle Jacksonville, Florida 32208	
EOD Smith, Odell Rev. 8138 Parkridge Circle South Jacksonville, Florida 32211	
TD Sumlar, Lucious J. 7315 Irving Scott Drive Jacksonville, Florida 32209	
D Henderson, Josie 2402 Pullman Avenue Jacksonville, Florida 32209	
D Cue Georgia R 12609 Sampson Road Jacksonville, Florida 32218	
D Howard, Shirlyn 9719 Ridge Blvd Jacksonville, Florida 32208	

SIGNATURE:


Johnny McCray, Director

Date 4/29/03 Phone #904-354-8268