

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756101

1. Corporation Name

**ST. JOHN'S MISSIONARY BAPTIST CHURCH, INCORPORATED,
OF MELBOURNE, FLORIDA**

Principal Place of Business

C/O JOHN W. HENDLEY
1920 SOUTHLAND AVENUE
MELBOURNE FL 32935

Mailing Address

C/O JOHN W. HENDLEY
1920 SOUTHLAND AVENUE
MELBOURNE FL 32935

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90018 013 ****61.25



2. Principal Place of Business

21 *St. John's Missionary Baptist Church*
Suite, Apt. #, etc.

22 *1970 Magnolia St.*
City & State

23 *Melbourne, FL 32935*
Zip Country

24 *32935* 25 *Brevard*

2a. Mailing Address

26 *St. John's Missionary Baptist Church*
Suite, Apt. #, etc.

27 *1970 Magnolia St*
City & State

28 *Melbourne, FL*
Zip Country

29 *32935* 30 *Brevard*

3. Date Incorporated or Qualified

01/29/1981

4. FEI Number

05-0090500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JENNINGS, J. BLAYNE
2638-A SO HARBOR
MELBOURNE FL

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WALKER, HERMAN (PASTOR)**
CITY-ST-ZIP **1057 LA PALOMA DRIVE**
ROCKLEDGE FL

TITLE ☐ DELETE
NAME **TCD**
STREET ADDRESS **HENDLEY, JOHN (CLERK)**
CITY-ST-ZIP **1920 SOUTHLAND ST**
MELBOURNE FL

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MORRIS, BETTY**
CITY-ST-ZIP **3414 RANDOLPH STREET**
MELBOURNE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Hendley* *1-7-99* *407-255-1317*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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