

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760975

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE SAINT JOHN'S MISSIONARY BAPTIST CHURCH, OF ALTAMONTE SPRINGS, FLORIDA,  
INCORPORATED

**Current Principal Place of Business:**

2401 SO. C.R. 427  
ALTAMONTE SPRGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162162  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

**FEI Number:** 59-2888138      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANDIFER, LESTER SR  
4064 CASTLEGATE DR  
ORLANDO, FL 32839 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: .T ( ) Delete  
Name: .JERRY, PATRICIA A  
Address: 511 HARBOR POINT BLVD.  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: STANDIFER, LESTER SR.  
Address: 4064 CASTLEGATE DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: T ( ) Delete  
Name: .ROBINSON, .SHIRLEY  
Address: .234 TONI STREET  
City-St-Zip: .ORLANDO, FL .3281

Title: T ( ) Delete  
Name: WAYNE, LISA  
Address: 2824 FALLING ACRON CIR  
City-St-Zip: LAKE MARY, FL 32746

Title: FS ( ) Delete  
Name: JONES, EMMA  
Address: 2619 KERWOOD CIR  
City-St-Zip: ORLANDO, FL 32810

Title: T ( ) Delete  
Name: WALKER, JENNIFER  
Address: 553 SPANISH TRACE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**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 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: LESTER STANDIFER SR.

D

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date