

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 760975

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: 2819 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
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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.

Electronic Signature of Signing Officer or Director

D

04/27/2009

Date