

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 030 ****61.25

60045295



DOCUMENT # 763210 1. Entity Name ST. JOSEPH MISSIONARY BAPTIST CHURCH, INC. OF JACKSONVILLE					
Principal Place of Business 485 W. FIRST STREET JACKSONVILLE, FL 32202			Mailing Address 485 W. FIRST STREET JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2224556	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RHIM, HENRT Y REV 2968 BREVE DRIVE JACKSONVILLE, FL 32209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEELE, EMERSON 1592 S. LANE AVE, #80F JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, RALPH 6506 W. THURGOOD CIRCLE JACKSONVILLE, FL 32219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete HAYES, ALPHONSO JR. 4319 TRENTON DR N JACKSONVILLE, FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete RHIM, REV HENRY T 2968 BREVE DR JACKSONVILLE, FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HACKLEY, WILLIE D 9341 THOMAS DUKES COURT JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHAW, WILLIA 7535 APPOMATTOX AVENUE KEYSTONE HEIGHTS, FL 32656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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			4-25-07		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

60045295
763210

Title Name Street Address City-St-Zip	Director Allen, Walter E. 5658 Pine Forest Drive Orange Park, FL 32003	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director Bacon, Darrell 9531 Warhawk Road Jacksonville, FL 32221	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director Glover, Anthony 8211 Provincial Circle, North Jacksonville, FL 32277	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director James, Dennis 11402 River Knoll Drive Jacksonville, FL 32225	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director King, Fred 6148 Verdes Road Jacksonville, FL 32244	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director King, Gerald R. 6344 Howe Drive Jacksonville, FL 32208	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director Murray, Eugene 11542 Coral Ridge Avenue Jacksonville, FL 32218	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director Randolph, Maury 9515 Waynesboro Avenue Jacksonville, FL 32208	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director Savage, Marion 5721 Brait Avenue Jacksonville, FL 32209	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	Director Simmons Sr., Marvin 8256 Veleve Springs Lane Jacksonville, FL 32244	Title Name Street Address City-St-Zip	