

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90291 001 \*\*\*122.50

<b>DOCUMENT # 763210</b>	
1. Entity Name <b>ST. JOSEPH MISSIONARY BAPTIST CHURCH, INC. OF JACKSONVILLE</b>	



Principal Place of Business <b>485 W. FIRST STREET JACKSONVILLE, FL 32202</b>	Mailing Address <b>485 W. FIRST STREET JACKSONVILLE, FL 32202</b>
--	--

**66009489**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2224556</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>RHIM, HENRY REV 2968 BREVE DRIVE JACKSONVILLE, FL 32209</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, EMERSON 1592 S. LANE AVE, #80F JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen, Walter 5658 Pine Forest Drive Orange Park FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RALPH 6506 W. THURGOOD CIRCLE JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James, Dennis 11402 River Knoll Drive Jacksonville FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAYES, ALPHONSO JR. 4319 TRENTON DR N JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bacon, Darrell 9531 Warhawk Road Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHIM, REV HENRY T 2968 BREVE DR JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Randolph, Maury 9515 Waynesboro Avenue Jacksonville, FL 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKLEY, WILLIE D 9341 THOMAS DUKES COURT JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murray, Eugene 11542 Coral Ridge Avenue Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glover, Anthony 2018 Oakton Court Jacksonville, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Savage, Marion W. 5721 Brait Avenue Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" 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: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Ralph Smith</b>	Date <b>4-23-08</b>	Daytime Phone # <b>904-356-2359</b>
------------------	--	------------------------	--