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FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769936 (6)

1. Corporation Name

GREATER ST. MARY'S MISSIONARY BAPTIST CHURCH, IN  
C.

Principal Place of Business

Mailing Address

69 WASHINGTON ST.  
ST. AUGUSTINE FL 32084

P O BOX 130  
ST. AUGUSTINE FL 32085-0130  
US

3. Date Incorporated or Qualified

08/22/1983

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWNDES, ALMARENE C  
18 CHRISTOPHER STREET  
ST. AUGUSTINE FL 32095

81 Name

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

83

84 City

FL

85

Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LOWNDES, ALMARENE C  
STREET ADDRESS 18 CHRISTOPHER ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD  
NAME ROBERSON, WILBUR  
STREET ADDRESS 17 ROLLINS AVENUE  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME ROBINSON, GARY  
STREET ADDRESS 81 KEITH STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE STD  
NAME HAILE, LOUISE T  
STREET ADDRESS 65 DUMAS ST  
CITY-ST-ZIP ST AUGUSTINE FL 32084

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Almarene C. Lowndes

May 1, 1998 (904) 829-8612

CR2E037 (10/97)