

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90209 029 ****61.25

DOCUMENT # N00000001543

1. Entity Name

MONCRIEF MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

1453 W. 22ND ST.
JACKSONVILLE FL 32209

Mailing Address

1453 W. 22ND ST.
JACKSONVILLE FL 32209

24074962



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3120050

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, MARK L CPA
1627 ROGERO RD.
JACKSONVILLE FL 32211**

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS QUOVADIS, R EV
1801 KEY BISCAYNE WAY
JACKSONVILLE FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, CLARENCE
1334 W. 32ND ST.
JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JORDAN, WILLIAM
3212 RHONE DR.
JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JENNINGS, LESLIE
1594 W 29TH ST
JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMMETT, NOAH
1476 W. 22ND ST.
JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEAL, PATRICIA
5804 GERANIUM RD.
JACKSONVILLE FL 32209 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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

Date

Daytime Phone #