



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000001543 1. Entity Name MONCRIEF MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 1453 W. 22ND ST. JACKSONVILLE, FL 32209	Mailing Address 1453 W. 22ND ST. JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3120050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JENNINGS, LESLIE 1453 W. 22ND ST. JACKSONVILLE, FL 32209	DO NOT WRITE IN THIS SPACE
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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 *Leslie Jennings* **4-13-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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
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10. OFFICERS AND DIRECTORS		<p>U00000762336 05/29/07-80003-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, QUOVADIS REV. DR 1801 KEY BISCAYNE WAY JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CLARENCE 1334 W. 32ND ST. JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, WILLIAM 3212 RHONE DR. JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, LESLIE 1594 W 29TH ST JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMETT, NOAH 1476 W. 22ND ST. JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, PATRICIA 5804 GERANIUM RD. JACKSONVILLE, FL 32209	

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: *Rev. Dr. Quovadis Thomas* **4/13/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #