

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3120050

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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**

**DO NOT WRITE
IN THIS SPACE**

11000000347277
06/02/08-80007-023 61.25

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

Date

Daytime Phone #