

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000005579

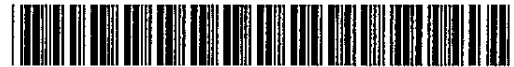
1. Entity Name
MELCHIZADEK BAPTIST CHURCH FOR THE DEAF, INC.



Principal Place of Business
1824 DEAN ROAD
JACKSONVILLE, FL 32216-4500

Mailing Address
1824 DEAN ROAD
JACKSONVILLE, FL 32216-4500

FILED
Apr 20, 2005 08:00 AM
Secretary of State



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3666727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, MARY A
7003 HOLIDAY ROAD NORTH
JACKSONVILLE, FL 32216-9119

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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, 2005

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	PD JOHNSON, VONN 7003 HOLIDAY RD NORTH JACKSONVILLE, FL 322169119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, MARY 7003 HOLIDAY RD NORTH JACKSONVILLE, FL 322169119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULMER, JAMES C JR. 7003 HOLIDAY RD NORTH JACKSONVILLE, FL 322169119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80071-016 70.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Mary A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April '05 (904) 725-8797
Date Daytime Phone #