

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90312 010 \*\*\*\*61.25

<b>DOCUMENT # N01000000489</b> 1. Entity Name <b>THE SAINT JOHN MISSIONARY BAPTIST CHURCH, OF ORMOND BEACH, FLORIDA, INCORPORATED</b>					
Principal Place of Business <b>1053-A MASON AVE DAYTONA BEACH FL 32117</b>		Mailing Address <b>P.O. BOX 5155 ORMOND BEACH FL 32175</b>			
2. Principal Place of Business <b>1734 STATE AVE</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>HOLLY HILL, FL</b>		City & State		4. FEI Number <b>59-3697351</b>	
Zip <b>32117</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILEY, JOHN H 161 SALVADOR PLACE ORMOND BEACH FL 32174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing)</small>					
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>EDWARDS, LARRY</b> <b>1053-A MASON AVE</b> <b>DAYTONA BEACH FL 32117</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>HODGES, EDITH</b> <b>1053-A MASON AVE</b> <b>DAYTONA BEACH FL 32117</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>WRIGHT, EYVONNE</b> <b>1053-A MASON AVE</b> <b>DAYTONA BEACH FL 32117</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>WILEY, JOHN</b> <b>1053-A MASON AVE</b> <b>DAYTONA BEACH FL 32117</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>WRIGHT, DORIS</b> <b>1053-A MASON AVE</b> <b>DAYTONA BEACH FL 32117</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <del>STANLEY, JAMES</del> <del>1734 STATE AVE</del> <del>HOLLY HILL, FL 32117</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAMES SUMMERALL</b> <b>1734 STATE AVE</b> <b>HOLLY HILL, FL 32117</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b>			4-12-06 (386) 677-5894		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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1st MOORE CR2E037 (10/05)