

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90037 013 ****61.25

DOCUMENT # N01000000489

1. Entity Name

THE SAINT JOHN MISSIONARY BAPTIST CHURCH, OF
ORMOND BEACH, FLORIDA, INCORPORATED



Principal Place of Business

1734 STATE AVE
HOLLY HILL FL 32117

Mailing Address

P.O. BOX 5155
ORMOND BEACH FL 32175



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-3697351

Applied For

Not Applicable

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

WILEY, JOHN H
161 SALVADOR PLACE
ORMOND BEACH FL 32174

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	EDWARDS, LARRY	<input type="checkbox"/> Delete
NAME		1734 STATE AVE	
STREET ADDRESS		HOLLY HILL FL 32117	
CITY-ST-ZIP			
TITLE	D	WILEY, JOHN	<input type="checkbox"/> Delete
NAME		1734 STATE AVE	
STREET ADDRESS		HOLLY HILL FL 32117	
CITY-ST-ZIP			
TITLE	P	SUMMERAIL, JAMIS	<input checked="" type="checkbox"/> Delete
NAME		1734 STATE AVE	
STREET ADDRESS		HOLLY HILL FL 32117	
CITY-ST-ZIP			
TITLE	D	SUMMERALL, MARY	<input checked="" type="checkbox"/> Delete
NAME		1734 STATE AVE	
STREET ADDRESS		HOLLY HILL FL 32117	
CITY-ST-ZIP			
TITLE	D	SAMPSON, ROSE	<input type="checkbox"/> Delete
NAME		1734 STATE AVE	
STREET ADDRESS		HOLLY HILL FL 32117	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	SPELLS, ANTHONY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1734 STATE AVE	
STREET ADDRESS		HOLLY HILL, FL 32117	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE:

John H. Wiley (JOHN H. WILEY)

4-30-08

386-677-5894