

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000489

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** THE SAINT JOHN MISSIONARY BAPTIST CHURCH, OF ORMOND BEACH, FLORIDA,  
INCORPORATED

**Current Principal Place of Business:**

1734 STATE AVE  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5155  
ORMOND BEACH, FL 32175

**New Mailing Address:**

**FEI Number:** 59-3697351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILEY, JOHN H  
161 SALVADOR PLACE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EDWARDS, LARRY  
Address: 1734 STATE AVE  
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete  
Name: WILEY, JOHN  
Address: 1734 STATE AVE  
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete  
Name: SPELLS, ANTHONY  
Address: 1734 STATE AVE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D ( ) Delete  
Name: SAMPSON, ROSE  
Address: 1734 STATE AVE  
City-St-Zip: HOLLY HILL, FL 32117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. WILEY

T

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date