NOT-FOR-PROFIT CORPORATION

Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** 03-17-2003 90462 038 ****61.25 SAINT JOHN MISSIONARY BAPTIST CHURCH (2003 REPOR DO NOT WRITE IN THIS SPACE 90051863 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0181766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS CHAIRMAN, DEACONS/TRUSTEE TITLE CR2E037B (12/02) NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEACON/TRUGTED TITLE TITLE WILLIED, SAMUEL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PILLINETTO, FL 34221 CITY-ST-ZIP TITLE DEACON/TRUSTER TITLE LUTHER WARE 315-14# ST-WEST NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP PALMIETTO, FL 34221 CITY-ST-ZIP DEACONLTHUSTEE TITLE IN THIS SPACE CHARLIE SHANKS 1718 ZND AVE C. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO, CITY-ST-ZIP DEACON/TRUSTEE JOHNNIE JACKSON TITLE TITLE NAME NAME 3012,9THAVE DRIVE GAST PALMETTO, FL 34971 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(941) 177-6171

FILED