

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90246 001 ****61.25
03-22-2006 90246 002 *****8.75

DOCUMENT # N01000005435

1. Entity Name

DELAND MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**2530 JAMMES RD
JACKSONVILLE, FL 32210**

Mailing Address

**2530 JAMMES RD
JACKSONVILLE, FL 32210**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP

CR2E037 (11/05).

4. FEI Number
55-0846626

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, GEROME
11553 MANATEE DR
JACKSONVILLE, FL 32218**

**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 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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**P
THOMAS, GEROME
11553 MANATEE DR
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TDC
JACKSON, LEE ROY
8969 DEVONSHIRE BLVD
JACKSONVILLE, FL 32208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCT
VASON, ETHELDA
7845 WEATHER VANE DR
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SAVAGE, PRISCILLA
2400 JAMMES RD
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Gerome Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-06

Date

Daytime Phone #