

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

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003960 1. Entity Name ST. JOHNS MISSIONARY BAPTIST CHURCH OF GREENVILLE, FLORIDA, INC.					
Principal Place of Business 5905 NW LOVETT RD GREENVILLE FL 32331			Mailing Address 5905 NW LOVETT RD GREENVILLE FL 32331		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GINN, RONNIE L RT #2 BOX 149 GREENVILLE FL 32331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KING, JIMMY RT 4 BOX 1835 MADISON FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000505201 04/26/06-80106-022 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GINN, RONNIE L RT 2 BOX 149 GREENVILLE FL 32331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SURLS, BOBBY RT 3 BOX 148D GREENVILLE FL 32331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOUNT, ALMERA RT 3 BOX 229-1 GREENVILLE FL 32331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

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.