

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

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90015 020 ****61.25

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 - 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

NO-T APPLICABLE

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

**GINN, RONNIE L
3560 NW US 221
GREENVILLE FL 32331**

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 not used when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME KING, JIMMY
STREET ADDRESS RT 4 BOX 1835
CITY-STATE-ZIP MADISON FL 32340

TITLE ☒ Change ☐ Addition
NAME King, Jimmy
STREET ADDRESS 268 NW Whispering Pine
CITY-STATE-ZIP Madison FL 32340

TITLE DV ☐ Delete
NAME GINN, RONNIE L
STREET ADDRESS RT 2 BOX 149
CITY-STATE-ZIP GREENVILLE FL 32331

TITLE ☒ Change ☐ Addition
NAME Ginn, Ronnie L
STREET ADDRESS 3560 NW US 221
CITY-STATE-ZIP Greenville FL 32331

TITLE DS ☐ Delete
NAME SURLES, BOBBY
STREET ADDRESS RT 3 BOX 148D
CITY-STATE-ZIP GREENVILLE FL 32331

TITLE ☒ Change ☐ Addition
NAME Surles, Bobby
STREET ADDRESS 3248 NW CT Rd 15D
CITY-STATE-ZIP Greenville FL 32331

TITLE T ☐ Delete
NAME BLOUNT, ALMERA
STREET ADDRESS RT 3 BOX 229-1
CITY-STATE-ZIP GREENVILLE FL 32331

TITLE ☒ Change ☐ Addition
NAME Blount, Almira
STREET ADDRESS 6267 NW Lovett Rd
CITY-STATE-ZIP Greenville FL 32331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *Almira Blount* Almira Blount 2-4-08 850 948 2178