2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N02000003960

Entity Name: ST. JOHNS MISSIONARY BAPTIST CHURCH OF GREENVILLE, FLORIDA, INC.

Current Principal Place of Business:

5905 NW LOVETT RD
GREENVILLE, FL 32331

New Principal Place of Business:

Current Mailing Address:

5905 NW LOVETT RD
GREENVILLE, FL 32331

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINN, RONNIE L
3560 NW US 221
GREENVILLE, FL 32331 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: DP ( ) Delete
Name: KING, JIMMY
Address: 260 NW WHISPERING PINE
City-St-Zip: MADISON, FL 32340

Title: DV ( ) Delete
Name: GINN, RONNIE L
Address: 3560 NW US 221
City-St-Zip: GREENVILLE, FL 32331

Title: DS ( ) Delete
Name: SURLES, BOBBY
Address: 3248 NW CT ROAD 150
City-St-Zip: GREENVILLE, FL 32331

Title: T ( ) Delete
Name: BLOUNT, ALMERA
Address: 6267 NW LOVETT ROAD
City-St-Zip: GREENVILLE, FL 32331

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: ALMERA BLOUNT T 01/08/2009
Electronic Signature of Signing Officer or Director — Date