## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N02000007024

1. Entity Name
ST. JOHN'S MISSIONARY BAPTIST CHURCH OF WINTER



**FILED** Jan 11, 2008 8:00 am **Secretary of State** 

01-11-2008 90074 010 \*\*\*\*70.00

HAVEN,	INCORPORATED							
4199 AVENUE K NW 41		Mailing Address 4199 AVENUE K NW WINTER HAVEN, FL 33	<del>-</del>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			<b>11.11 68</b> 111 <b>89</b> 111 <b>61.</b> 111 <b>61</b> 11 <b>61</b> 11			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008 Ch	ng-NP CR2I	E037 (12/06)		
City & State		City & State		4. FEI Number 68-062458	 3		oplied For	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current I	Registered Agent		7. Name and Add	ress of New Register		<u>.                                    </u>	
OTERUTING INTUINAL OR				Name				
2959 WAR	IS, WILLIAM A SR. RFIELD DRIVE		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
BARTOW	, FL 33830			The State of				
			City		F	Zip Cod	е	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or reg	istered agent, or both, in	the State of Florida. I a	am familiar with,	and accept	
· ·	3							
SIGNATURE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature re	quired when reinstating)	DAT	E		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIR	RECTORS	11.		S TO OFFICERS AND		l 10	
TILE	.D	☐ Delete	TITLE	10 moore,	Dorothy	Change	Addition	
NAME STREET ADORESS	BARBER, WILLIE 1326 35TH STREET N.W.		NAME / STREET ADDRESS	30095+16	Paul St.	-		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	10 Moorl; 30095+,6 Winder He	un Fla	338	80	
TITLE	DC .	☐ Delete	TITLE		, , , , , , , , , , , , , , , , , , , ,	☐ Change	Addition	
NAME	STEPHENS, WILLIAM A		NAME					
STREET ADDRESS CITY-ST-ZIP	2959 WARFIELD DRIVE		STREET ADORESS					
TITLE	BARTOW, FL 33830		CITY-ST-ZIP	<del></del>			- A 1885	
NAME	STEPHEN'S, SANDRA D	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	2959 WARFIELD DRIVE		STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN, FL 33830		CITY-ST-ZIP					
TITLE	SO SOUTH SUBSTITUTE	Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	FOSTER, SHIRLEY B		NAME STREET ADORESS					
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP					
TITLE	Т	☐ Delete	TITLE			☐ Change	Addition	
NAME	CARTER, BETTY J		NAME					
STREET ADDRESS	1334 34TH STREET N.W.		STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	·				
TITLE			mre .			☐ Change	■ Addition	
MARKE	MCGILL IAMAI	☐ Delete	B 1			Onlings	_	
NAME Street address	MCGILL, JAMAL	LJ Dekete	NAME			Onlings		
		LJ Delete	B 1			Origings	_	

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.