

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007024

FILED
Jan 08, 2009
Secretary of State

Entity Name: ST. JOHN'S MISSIONARY BAPTIST CHURCH OF WINTER HAVEN, INCORPORATED

Current Principal Place of Business:

4199 AVENUE K NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

4199 AVENUE K NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 68-0624583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEPHENS, WILLIAM A SR.
2959 WARFIELD DRIVE
BARTOW, FL 33830 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: D () Delete
Name: BARBER, WILLIE
Address: 1326 35TH STREET N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: DC () Delete
Name: STEPHENS, WILLIAM A
Address: 2959 WARFIELD DRIVE
City-St-Zip: BARTOW, FL 33830

Title: O () Delete
Name: STEPHEN'S, SANDRA D
Address: 2959 WARFIELD DRIVE
City-St-Zip: WINTER HAVEN, FL 33830

Title: SO () Delete
Name: FOSTER, SHIRLEY B
Address: 1111 QUAILWOOD DRIVE SW
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: CARTER, BETTY J
Address: 1334 34TH STREET N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: TO () Delete
Name: MCGILL, JAMAL
Address: 1715 HOBBS ROAD
City-St-Zip: AUBURNDALE, FL 33823

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
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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: WILLIAM A. STEPHENS, SR.

DC

01/08/2009

Electronic Signature of Signing Officer or Director

Date