## 2005 NOT-FOR-PROFIT CORPORATION . . . ANNUAL REPORT (AR)

SIGNATURE: Mus (

NO TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N0300000204  1. Entity Name							
UNITED MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.				05 FEB 17 AM 9: 20			
Principal Place of Business Mailing Address					CD 17 HI	1 5 20	
347 WEST 21 STREET		347 WEST 21 STREET		SEC	RETARY O	F STALE	
JACKSONVILLE FL 32206		JACKSONVILLE FL 322	06	IALL	AHASSEE.	FLURIUA	
				1 1111111 011			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Oblikk rrft> mann amin a	Bitt Batti Batti Batta ilati gatti ala	11181 B1 (BE)
Carto, 7-pt. 11, 0.00.		Oute, Apr. #1 otc.		1st M	1st MOORE CR2E037 (10/04)		
City & State		City & State		4. FEI Number	50 2050054	<del> </del>	plied For
Zip Country		7in Country			59-2369351		t Applicable
Zip .	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Required	litional d
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Re	gistered Agent	
				_Name			
	YARD, MORRIS J V		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
347 WEST 21 STREET JACKSONVILLE FL 32206							
			City			Zip Code	
						<u> </u>	
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.							
are exigence or regional or dyseric							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE							
FILE NOW: FEE IS \$61.25 9. Election Campaign Fin  Due By May 1 2005 Trust Fund Contribution				<b>\$5.00</b> May Be		ce Check Payable	
	Due By May 1, 2005	Trust Fund Co	ontribution.	Added to Fees	Florid	a Department of S	State
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	SES TO OFFICER	RS AND DIRECTORS IN	1 10
TITLE	D	☐ Delete	TITLE	Production Action Action		☐ Change	Addition
NAME	HALYARD, MORRIS J 347 WEST 21 STREET		NAME				
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32206		STREET ADDRESS CITY-ST-ZIP		•		
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME	WARD, TYRONE		NAME				_
STREET ADDRESS	347 WEST 21 STREET JACKSONVILLE FL 32206		STREET ADDRESS				
CITY+ST-ZIP	D		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			- Addition
NAME	SMITH, MARÎAN M	L Delete	TITLE NAME			Change	Addition
STREET ADDRESS	347 WEST 21 STREET		STREET ADDRESS	02/25/05	01048-	10220 -009 **70.00	
CITY-ST-ZIP	JACKSONVILLE FL 32206		CITY-ST-ZIP	0101 001 00			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME CIRCLI ADDRESS				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Altdition
NAME			NAME				-   "
STREET ADDRESS			STREET ADDRESS :				
CITY-ST-ZIP			■ UTT-ST-/P 1			V V	IY7M
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attackingent with an address with all other like empowered.							
indicatéd	d on this report or supplemental report i	s true and accurate and that m	the exemption stated by signature shall have	the same legal effect as	s if made under d	eath: that I am an officer	r or director
indicatéd	d on this report or supplemental report i	s true and accurate and that m	the exemption stated by signature shall have	the same legal effect as	s if made under d	eath: that I am an officer	r or director