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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03122 (1)

1. Corporation Name

TRUSTEE CORPORATION OF ST. JOHNS BAPTIST CHURCH,
INC.

Principal Place of Business

Mailing Address

RT. 2, BOX 2525
PALATKA FL 32177RT. 2, BOX 2525
PALATKA FL 32177-98403. Date Incorporated or Qualified
05/16/19843a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, LOUISE
3207 BLAIR DR.
PALATKA FL 32177

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME REEVES, ROLAND
STREET ADDRESS RT. 2 BOX 3238 C
CITY-ST-ZIP PALATKA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ALLEN, DON
STREET ADDRESS RT. 2, BOX 3224
CITY-ST-ZIP PALATKA FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D Tommy Waller Sr
2.3 STREET ADDRESS Rt 2 Box 2206
2.4 CITY-ST-ZIP Palatka FL 32177TITLE D ☒ DELETE
NAME COULLETTE, MARK
STREET ADDRESS RT. 2 BOX 2082 A
CITY-ST-ZIP PALATKA FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D CHARLES MASTIN
3.3 STREET ADDRESS Rt 2 Box 1950
3.4 CITY-ST-ZIP Palatka FL 32177TITLE D ☐ DELETE
NAME WALLER, TOMMY JR.
STREET ADDRESS RT. 2, BOX 2206-3282
CITY-ST-ZIP PALATKA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE SC ☒ DELETE
NAME MOORE, RUBY
STREET ADDRESS RTE 2 BOX 3729
CITY-ST-ZIP PALATKA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tommy Waller Jr. SIGNED Tommy WALLER JR 1-23-97 904 325-3542

CR2E037 (9/96)