

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999

## **DOCUMENT # N03122**

1. Corporation Name

TRUSTEE CORPORATION OF ST. JOHNS BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

RT. 2. BOX 2525 PALATKA FL 32177 RT. 2. BOX 2525 PALATKA FL 32177

## FILED Feb 24, 1999 8:00 am Secretary of State

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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Bill Name  THOMAS, LOUISE  3207 BLAIR OR.  PALATKA FL 32177  Ball City  FL  Bill Name  Signature, typed or privated repeated agent.  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. In mile State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In mile State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In mile Signature, typed or private repeated agent of the registered agent and the registered agent in mile Signature, typed or private repeated agent and the registered agent in mile Signature, typed or private repeated agent and the registered agent in mile Signature, typed or private repeated agent in mile Signature
Social Control Country   State   Social Country   Socia
City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  State  City & State  City & State  City & State  City & Status Desired  dditional Fee Required  Status Desired Address of Current Registered Agent  Thomas, Louise  3207 BLAIR DR.  PALATKA FL 32177  B3  City & Status Desired Address of Current Registered Agent  B4 City  FL
Secretificate of Status Desired   Security   Secretificate of Status Desired   Security   Securit
219   229   30   Trust Fund Contribution   S5.00 May Be   Added to Fees
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes agent
THOMAS, LOUISE 3207 BLAIR DR. PALATKA FL 32177  83  City  FL  85  Zip Code  86  City  FL  87  Signature, hybed or printed name of registered agent and title if applicable.  10. OFFICERS AND DIRECTORS  11. TITLE  D  DELETE  12. OFFICERS AND DIRECTORS  RT 2. BOX 3238 C  CITY-ST-ZIP  PALATKA FL  D  DELETE  12. TITLE  D  DELETE  13. STREET ADDRESS  RT 2. BOX 3238 C  CITY-ST-ZIP  PALATKA FL  D  DELETE  14. CITY-ST-ZIP  DELETE  25. TITLE  D  DELETE  15. TITLE  D  DELETE  16. TITLE  D  DELETE  17. TITLE  D  DELETE  18. TITLE  D  DELETE  25. TITLE  D  DATE  Change  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES  ADD
THOMAS, LOUISE 3207 BLAIR DR. PALATKA FL 32177  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 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 and familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes  SIGNATURE SIGNATURE Signature, hyped or prented name of registered agent and table if application.  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE D D DELETE 1.1 TITLE D D DELETE 1.2 BOX 3238 C 1.3 STREET ADDRESS RT 2 BOX 3238 C 1.4 STREET ADDRESS RT 2. BOX 3238 C 2.1 STREET ADDRESS RT 2. BOX 2206 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS RT 2. BOX 2206 2.3 STREET ADDRESS RT 2. BOX 2206 2.3 STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DATE D DELETE 2. STREET ADDRESS RT 2. BOX 2206 2.2 STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DATE D DATE  CATHER D D DELETE 2. STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DATE D DATE D DATE  1.1 TITLE D D DELETE 2. STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DATE D DATE DATE D DATE  8.3 Zip Code  1.1 TITLE D D DELETE 2. STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DATE D DATE  1.1 TITLE D D DELETE 2. STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  BOX 12 DATE B 2. City ST. STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  BOX 12 DATE B 2. City ST. ST. STREET ADDRESS RT 2. BOX 2206 ADDITIONS/CHANGES TO OFFICERS AND
3207 BLAIR DR. PALATKA FL 32177  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 and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  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.  DADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  11 Purpose of change is statutes.  NOTE: Registered Agent signature required when reinstating)  DATE  12.  DATE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12.  DATE  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NAME  NAME  NAME  NAME  SIRECTADORESS  RT 2 BOX 2206  DELETE  SIGNATURE  SIRECTADORESS  SIRE
3207 BLAIR DR. PALATKA FL 32177  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 and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent aignature required when reinstating)  DATE  12.  OFFICERS AND DIRECTORS  13.  DADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  12 NAME  12 NAME  11 Pursuant to the provisions of Sections 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and or purpose of change is registered office or registered agent, or both, in the State of 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. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered office or registered office or registered agent, or both in the purpose of changing its registered office or registered office or registered agent or both in the state of Florida. Statutes.  BAT INTER DATE OF INT
PALATKA FL 32177    83
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  12. OFFICERS AND DIRECTORS  13. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS  13. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D D DELETE  11.1TITLE  D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INAME  REEVES, ROLAND  STREET ADDRESS  TITL 2 BOX 3238 C  13.5TREET ADDRESS  TITL 2 BOX 3238 C  14.CITY-ST-ZIP  TITLE  D D DELETE  21.TITLE  D WALLER, TOMMY SR.  STREET ADDRESS  TOW-ST-ZIP  PALATKA FL  D DELETE  21.TITLE  D WALLER, TOMMY SR.  STREET ADDRESS  TITL 2 BOX 2206  22.NAME  24.CITY-ST-ZIP  PALATKA FL  D DELETE  31.TITLE  D WALLER, TOMMY SR.  STREET ADDRESS  TOW-ST-ZIP  PALATKA FL  D DELETE  31.TITLE  D WALLER, TOMMY SR.  STREET ADDRESS  TOW-ST-ZIP  PALATKA FL  D DELETE  31.TITLE  D WALLER, TOMMY SR.  STREET ADDRESS  S
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 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.  INOTE: Registered Agent aignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. DADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D  NAME REEVES, ROLAND  STREET ADDRESS RT. 2 BOX 3238 C  PALATKA FL  ITILE  D  CHange Addition  Addition  DELETE  21 TITLE  D  WALLER, TOMMY SR.  STREET ADDRESS  STREET ADDRESS  RT 2, BOX 2206  PALATKA FL  DELETE  D  CHange Addition  Addition  WALLER TOMMY Sr.  STREET ADDRESS  CITY-ST-ZIP  PALATKA FL  D  DELETE  3.1 TITLE  D  MASTIN, CHARLES  STREET ADDRESS  RT 2 BOX 1950  STREET ADDRESS  RT 2 BOX 1950  STREET ADDRESS  RT 2 BOX 1950  Addition STREET ADDRESS  RT 2 BOX 1950
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 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.  INOTE: Registered Agent aignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. DADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D  NAME REEVES, ROLAND  STREET ADDRESS RT. 2 BOX 3238 C  PALATKA FL  ITILE  D  CHange Addition  Addition  DELETE  21 TITLE  D  WALLER, TOMMY SR.  STREET ADDRESS  STREET ADDRESS  RT 2, BOX 2206  PALATKA FL  DELETE  D  CHange Addition  Addition  WALLER TOMMY Sr.  STREET ADDRESS  CITY-ST-ZIP  PALATKA FL  D  DELETE  3.1 TITLE  D  MASTIN, CHARLES  STREET ADDRESS  RT 2 BOX 1950  STREET ADDRESS  RT 2 BOX 1950  STREET ADDRESS  RT 2 BOX 1950  Addition STREET ADDRESS  RT 2 BOX 1950
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WALLER, TOMMY SR.  STREET ADDRESS  CITY-ST-ZIP  MASTIN, CHARLES  STREET ADDRESS  STREET ADDRESS  Tackson ville FL. 32205  Addition  MASTIN, CHARLES  STREET ADDRESS  STREET ADDRESS  Tackson ville FL. 32205  Addition  MASTIN Charles  STREET ADDRESS  Tackson ville FL. 32205  Addition  MASTIN Charles  STREET ADDRESS  Tackson ville FL. 32205
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NAME MASTIN, CHARLES STREET ADDRESS RT 2 BOX 1950  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  7.2 ST Johns Dr.  3.3 STREET ADDRESS  7.2 ST Johns Dr.
STREET ADDRESS RT 2 BOX 1950  3.3 STREET ADDRESS 722 ST Johns Dr.
STREET ADDRESS IN 2 DOWN 1900
DALATIA EL
Rarre Conrad
NAME WALLER, TOMMY JR 4.2 NAME UJ4 W. River Rd.
STREET ADDRESS RT 2 BOX 3282  4.3 STREET ADDRESS PAL 32177  ACITY-ST-719  PAL ATKA FL  32177
UIT-SI-ZIP   FALATRA FL
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TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
y transfer of the property of

14. 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 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 chapted, or man adapted with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6 Jan 1999 318-9335 Dayline Phone # JEZEUS/ (11/30