

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

02-24-1999 90091 016 \*\*\*\*70.00

000669

**DOCUMENT # N03122**

1. Corporation Name

**TRUSTEE CORPORATION OF ST. JOHNS BAPTIST CHURCH,  
INC.**

Principal Place of Business

RT. 2, BOX 2525  
PALATKA FL 32177

Mailing Address

RT. 2, BOX 2525  
PALATKA FL 32177



2. Principal Place of Business

21 **938 W. River Rd.**

2a. Mailing Address

26 **Same as 2**

3. Date Incorporated or Qualified

**05/16/1984**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-2117418**

Applied For

Not Applicable

City & State

23 **Palatka FL.**

City & State

28

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

Zip

24 **32177**

Country

25 **PUTNAM**

Zip

29

Country

30

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**THOMAS, LOUISE  
3207 BLAIR DR.  
PALATKA FL 32177**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE  
NAME **REEVES, ROLAND**  
STREET ADDRESS **RT. 2 BOX 3238 C**  
CITY-ST-ZIP **PALATKA FL**

TITLE **D** ☐ DELETE  
NAME **WALLER, TOMMY SR.**  
STREET ADDRESS **RT 2, BOX 2206**  
CITY-ST-ZIP **PALATKA FL**

TITLE **D** ☐ DELETE  
NAME **MASTIN, CHARLES**  
STREET ADDRESS **RT 2 BOX 1950**  
CITY-ST-ZIP **PALATKA FL**

TITLE **D** ☒ DELETE  
NAME **WALLER, TOMMY JR**  
STREET ADDRESS **RT 2 BOX 3282**  
CITY-ST-ZIP **PALATKA FL**

TITLE **D** ☐ DELETE  
NAME **ALLEN, DON**  
STREET ADDRESS **RT 2 BOX 3224**  
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **REEVES, ROLAND R.**  
1.3 STREET ADDRESS **119 Bunck Rd.**  
1.4 CITY-ST-ZIP **Palatka FL 32177**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **WALLER, Tommy sr.**  
2.3 STREET ADDRESS **5067 Kerle St.**  
2.4 CITY-ST-ZIP **Jacksonville FL. 32205**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **MASTIN, Charles**  
3.3 STREET ADDRESS **122 St Johns Dr.**  
3.4 CITY-ST-ZIP **Palatka FL. 32177**

4.1 TITLE **D** ☒ Change ☒ Addition  
4.2 NAME **Barrs, Conrad**  
4.3 STREET ADDRESS **444 W. River Rd.**  
4.4 CITY-ST-ZIP **Palatka FL 32177**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Allen, Don**  
5.3 STREET ADDRESS **382 Cedar Creek Rd.**  
5.4 CITY-ST-ZIP **Palatka FL 32177**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

**ROLAND R. REEVES**

**6 Jan 1999**

**328-9335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)