

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90001 047 \*\*\*\*70.00

DOCUMENT # *N03122*

1. Entity Name  
*TRUSTEE CORPORATION of  
ST. JOHN'S BAPTIST CHURCH*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*938 W. River Rd*  
Suite, Apt. #, etc.

3. Mailing Address  
*938 W. River Rd.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Palatka FL*  
Zip  
*32177*  
Country  
*Putnam*

City & State  
*Palatka FL*  
Zip  
*32177*  
Country  
*Putnam*

4. FEI Number  
*592117418*  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Louise Thomas*

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

*3207 BLAIR DR*

City  
*Palatka* **FL** Zip Code  
*32177*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*C.  
Conrad Barrs  
444 W. River Rd.  
Palatka FL 32177*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D.  
Duncan Altman  
118 Timberview Dr.  
Palatka FL 32177*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D.  
Jim Davis  
P.O. Box 409  
Bostwick FL 32007*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D.  
Jerry Shuler  
718 Cedar Creek Rd.  
Palatka FL 32177*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D.  
Michael Stanley  
744 Cedar Creek Rd  
Palatka FL 32177*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Conrad Barrs* CONRAD BARRS 4-22-02 386-325-2924