

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

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90134 036 ****70.00

DOCUMENT # N03122

1. Entity Name

TRUSTEE CORPORATION OF ST. JOHNS BAPTIST
CHURCH, INC.



Principal Place of Business

938 W RIVER RD
PALATKA FL 32177

Mailing Address

938 W RIVER RD
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2117418

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, LOUISE
3207 BLAIR DR.
PALATKA FL 32177

Name

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

City

FL

Zip Code

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.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **SHULER, JERRY**
STREET ADDRESS **718 CEDAR CREEK RD. 228 Harbor Dr.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PARKER, ALAN**
STREET ADDRESS **107 RIVER RD. DR.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FAIRCLOTH, JAMES**
STREET ADDRESS **107 CYPRESS DR.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☒ Addition
NAME **CONRAD BARRS**
STREET ADDRESS **444 W. River Rd**
CITY-ST-ZIP **Palatka FL 32177**

TITLE **D** ☐ Delete
NAME **PLYMEL, TIMOTHY**
STREET ADDRESS **145 BONITA DR.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FAIRCHILD, JAMES**
STREET ADDRESS **107 CYPRESS DR.**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PLYMEL, TIMOTHY**
STREET ADDRESS **145 BONITA DR.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Gerald W. Shuler (GERALD W. Shuler)

4/20/05 (386) 546-8209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #