

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent THOMAS, LOUISE 3207 BLAIR DR. PALATKA FL 32177				7. Name and Address of New Registered Agent 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, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	C SHULER, JERRY 228 HARBOR DRIVE PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, ALAN 107 RIVER RD. DR. PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRS, CONRAD 444 W RIVER ROAD PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLYMEL, TIMOTHY 145 BONITA DR. PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	



1st MOORE CR2E037 (10/05)
 4. FEI Number **59-2117418** Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

UN00000433098
02/24/06 80002-012 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____