

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90132 035 ****61.25

DOCUMENT # N04000001868

1. Entity Name
**ST. JOHN MISSIONARY BAPTIST CHURCH OF
PALMETTO, INC.**



Principal Place of Business Mailing Address
1701 -1ST AVENUE EAST P.O. BOX 667
PALMETTO, FL 34221 PALMETTO, FL 34220

2. Principal Place of Business- No P.O. Box II 3. Mailing Address

Suite, Apt., I, etc. Suite, Apt., I, etc.

City & State City & State

Zip Country Zip Country

400000190



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0781766 ☐ Applied For ☐ Not Applicable

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

a. Name and Add... of Current ReglIttnd Agent 7. Name and address of New Registered Agent

WASHINGTON, STANLEY
1020 - 26TH STREET COURT EAST
PALMETTO, FL 34221

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 *Stanley Washington* (NOTE: Registered Agent signature required when reinstating DATE 4-21-08

Filing Fee is \$81.25 8. Election Campaign Financing \$5.00 May Be Make check payable to
Due by May 1, 2008 Trust Fund Contribution. ☐ Added to Fees Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|-------------------------------|---|---|---------------------|--|
| TITLE | CHR | <input type="radio"/> Delete | TITLE | OFF | <input type="radio"/> Change <input checked="" type="radio"/> Addition |
| NAME | WASHINGTON, STANLEY | | NAME | SIMPSON, DAVID | |
| STREET ADDRESS | 1020 - 26TH STREET COURT EAST | | STREET ADDRESS | 415 29th St. East | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | | CITY-ST-ZIP | Palmetto, FL 34221 | |
| TITLE | OFF | <input checked="" type="radio"/> Delete | TITLE | OFF | <input type="radio"/> Change <input checked="" type="radio"/> Addition |
| NAME | SAMUEL, WILLIE D JR | | NAME | DAVIS, JEROME | |
| STREET ADDRESS | 13602 US HWY 301 N | | STREET ADDRESS | 1834 8th Ave. East | |
| CITY-ST-ZIP | PARRISH, FL 34219 | | CITY-ST-ZIP | Bradenton, FL 34208 | |
| TITLE | OFF | <input checked="" type="radio"/> Delete | TITLE | | <input type="radio"/> Change <input type="radio"/> Addition |
| NAME | DUNBAR, UL YSSEE | | NAME | | |
| STREET ADDRESS | 215- 18TH STREET EAST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | | CITY-ST-ZIP | | |
| TITLE | OFF | <input type="radio"/> Delete | TITLE | | <input type="radio"/> Change <input type="radio"/> Addition |
| NAME | WIGGINS, THOMAS | | NAME | | |
| STREET ADDRESS | 2412- 3RD AVENUE EAST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | | CITY-ST-ZIP | | |
| TITLE | OFF | <input type="radio"/> Delete | TITLE | | <input type="radio"/> Change <input type="radio"/> Addition |
| NAME | LAWTON, BARTRAM | | NAME | | |
| STREET ADDRESS | 2728- 17TH ST. E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34208 | | CITY-ST-ZIP | | |
| TITLE | OFF | <input type="radio"/> Delete | TITLE | | <input type="radio"/> Change <input type="radio"/> Addition |
| NAME | WAITERS, DORIS | | NAME | | |
| STREET ADDRESS | 2405- 7TH AVENUE EAST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with a former like empowered.

SIGNATURE: *Stanley Washington* 4-21-08 (901) 724-4922

IGN, NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DoytiffPhat