2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N04000002358

Entity Name: ST. JOHN MISSIONARY BAPTIST CHURCH OF BRONSON, INC.

Current Principal Place of Business:

496 W MAIN ST
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1752
BRONSON, FL 32621

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILCOX, JOSEPH L
218 SE 18 AVE
CHIEFLAND, FL 32644 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HUNTER, RAIFORD	
Address:	9950 N.E. 77TH PLACE	
City-St-Zip:	BRONSON, FL 32621	
Title:	D	( ) Delete
Name:	BROWN, WILLIAM	
Address:	229 S.E. 49TH DRIVE	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	D	( ) Delete
Name:	SCHULER, FRANKLIN	
Address:	496 E MAIN ST	
City-St-Zip:	BRONSON, FL 32621	
Title:	D	( ) Delete
Name:	FLANDERS, JIMMIE L	
Address:	HIGHWAY 345	
City-St-Zip:	CHIEFLAND, FL 32644	
Title:	PAST	( ) Delete
Name:	WILCOX, JOSEPH L	
Address:	218 S.W. 18TH AVENUE	
City-St-Zip:	CHIEFLAND, FL 32644	
Title:	D	( ) Delete
Name:	FLOYD, RAYMOND	
Address:	810 N.E. 3RD AVENUE	
City-St-Zip:	WILLISTON, FL 32696	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA LEE ALLEN MS. 06/25/2009
Electronic Signature of Signing Officer or Director — Date