

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04707

FILED
Feb 04, 2009
Secretary of State

Entity Name: SAINT JOHNS MISSIONARY BAPTIST CHURCH OF FORT PIERCE, INC.

Current Principal Place of Business:

C/O ELIZA L. THOMAS
814 N 17TH ST
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

C/O ELIZA L. THOMAS
814 N 17TH ST
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 45-0579755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, ELIZA L
814 N 17TH ST
FORT PIERCE, FL 34950 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: P () Delete
Name: NEAL, ULYESSES,
Address: 4751 SAN DIEGO AVE
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: MERRICK, LEEVOYD
Address: 403 N 31ST STREET APT B
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: JOHNSON, ORNEST,
Address: 1601 BARCELONA AVE.
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: BROWN, JOSEPH,
Address: 2912 DUNBAR STREET
City-St-Zip: FT. PIERCE, FL

Title: ST () Delete
Name: THOMAS, JEFF L.,
Address: 2006 N. 37TH STREET
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: BROWN, JOHNNY C
Address: 2003 AVENUE Q
City-St-Zip: FORT PIERCE, FL 34950

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
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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: JEFF L. THOMAS

ST

02/04/2009

Electronic Signature of Signing Officer or Director

Date