

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04707

FILED
Apr 29, 2012
Secretary of State

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

Current Principal Place of Business:

C/O WILLIAM R. JONES SR
115 CAMELOT DRIVE
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM R. JONES SR
115 CAMELOT DRIVE
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 45-0579755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIAM R SR.
115 CAMELOT DRIVE
FORT PIERCE, FL 34946 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
Name: NEAL, ULYESSES
Address: 4751 SAN DIEGO AVE
City-St-Zip: FT. PIERCE, FL

Title: V
Name: MINATEE, WALTER
Address: 901 N. 25TH STREET
City-St-Zip: FORT PIERCE, FL 34947

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

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

Title: P
Name: JONES, WILLIAM R SR
Address: 115 CAMELOT DRIVE
City-St-Zip: FORT PIERCE, FL 34946

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. JONES, SR.

P

04/29/2012

Electronic Signature of Signing Officer or Director

Date