

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 27, 2009  
Secretary of State**

DOCUMENT# N05000009116

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

**Current Principal Place of Business:**

135 BRICKYARD ROAD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 431  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 20-3859953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

FLORIDAGENT.COM, INC  
1543-5 KINGSLEY AVE  
ORANGE PARK, FL 32073      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: PARKER, BERNICE  
Address: 135 BRICKYARD ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D      ( ) Delete  
Name: SCARLETT, DESMOND  
Address: 135 BRICKYARD ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D      ( ) Delete  
Name: BRISTER, PEGGY  
Address: 135 BRICKYARD ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D      ( ) Delete  
Name: ROBLES, DANA  
Address: 135 BRICKYARD ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D      ( ) Delete  
Name: JOHNSON, HOMER  
Address: 135 BRICKYARD ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D      ( ) Delete  
Name: JENKINS-PARKER, TRACY  
Address: 135 BRICKYARD ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: JOHNSON, HOMER  
Address: 135 BRICKYARD ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

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: VIVIAN B. PARKER

D

05/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date