2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N19855

1. Entity Name
THE EVELENAR MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business
2820 CARVER AVE
CRESTVIEW, FL 32536-8965 US

Mailing Address
2820 CARVER AVE
CRESTVIEW, FL 32536-8965 US

03132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAUGHLIN, LOREAN
5551 BRACKIN
CRESTVIEW, FL 32539

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALONE, JEROME
STREET ADDRESS	105 POINTER LANE
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	T
NAME	MCLAUGHLIN, LOREAN
STREET ADDRESS	5551 BRACKIN
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	D
NAME	GLENN, TONY
STREET ADDRESS	115 NICOLE LN
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	P
NAME	RANDOLPH, BENJAMIN
STREET ADDRESS	101 FOREST DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	DEC
NAME	MERRILL, RUDOLPH
STREET ADDRESS	503 W GRIFFIN AVE
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	T
NAME	JOHNSON, JOYCE
STREET ADDRESS	339 HUDSON DR
CITY-ST-ZIP	CRESTVIEW, FL 32539

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03/21/05-80077-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: Joyce Johnson Joyce Johnson 3-17-05 850-682-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #