SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 20 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30330** **(7)**

1. Corporate Name
ST. JUDE MISSIONARY BAPTIST CHURCH INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1629 W. BEAVER STREET JACKSONVILLE FL 32209-7528	1629 W. BEAVER STREET JACKSONVILLE FL 32209-7528

3. Date Incorporated or Qualified: **01/24/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0083367** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has [illegible] for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
ZIP / Country 24 / 25	ZIP / Country 29 / 30

9. Name and Address of Current Registered Agent

WASHINGTON, RICHARD
111 FERN STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	EPHRON, JAMES	12 NAME	
13 STREET ADDRESS	3229 MONCRIEF RD., #49	13 STREET ADDRESS	
14 CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	VILLIGAS, MAX	22 NAME	500001544905
23 STREET ADDRESS	7000 N. MAIN STREET	23 STREET ADDRESS	-07/25/95--01036--020
24 CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	****155.00 ****155.00
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	WASHINGTON, JOSIE	32 NAME	
33 STREET ADDRESS	111 FERN STREET	33 STREET ADDRESS	
34 CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	WASHINGTON, RICHARD	42 NAME	
43 STREET ADDRESS	111 FERN ST.	43 STREET ADDRESS	
44 CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	SSJ 7/20/95
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I declare I [illegible] that the information supplied with this filing is [illegible] and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect [illegible] 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 12 or Block 13 if changed or added to the report or an attachment with an address.

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

0001097