SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE IS $500.00)

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 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30330 (7)
Corporation Name
ST. JUDE MISSIONARY BAPTIST CHURCH INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1829 W. BEAVER STREET JACKSONVILLE FL 32209-7528	1829 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

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 Street Address (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 _____ DATE _____
Signature, type or print name of registered agent and title if applicable — Registered Agent signature required when name is changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OR DELETIONS FROM OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	EPHRON, JAMES	1.2 NAME	
STREET ADDRESS	3229 MONCRIEF RD., #49	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	VILLIGAS, MAX	2.2 NAME	500001544905
STREET ADDRESS	7000 N. MAIN STREET	2.3 STREET ADDRESS	-07/25/95--01036--020
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	****155.00 ****155.00
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, JOSIE	3.2 NAME	
STREET ADDRESS	111 FERN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, RICHARD	4.2 NAME	
STREET ADDRESS	111 FERN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	SSS 7/20/95
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pastor Richard Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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