(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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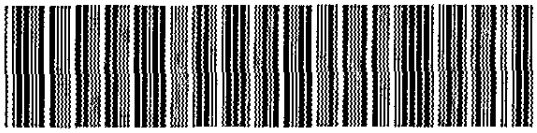

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File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation. DOCUMENT # N30330 (7)

PROOF

ST. JUDE MISSIONARY BAPTIST CHURCH INCORPORATED
1829 W BEAVER ST
JACKSONVILLE FL 32209-7528

DO NOT WRITE IN SPACE

If above mailing address is incorrect, please draw line through incorrect information and enter correction in Block 2

3. Date Incorporated or Qualified: 01/24/1989

4. Date of Last Report: 06/05/1992

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 650083387

Applied For / Not Applicable

2. Mailing Address
21

2a. Principle Place of Business
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip / Country
24 / 25

Zip / Country
29 / 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 ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.0[illegible] 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 County — 86 Zip

11. Pursuant to the provisions of Sections 607.0505 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE (New and Current Registered Agent) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1 TITLE	D	1 TITLE	
2 NAME	EPHRON, JAMES	2 NAME	
3 ADDRESS	3229 MONCRIEF RD., #49	3 ADDRESS	
4 CITY ST ZIP	JACKSONVILLE FL	4 CITY ST ZIP	
1 TITLE	D	1 TITLE	
2 NAME	VILLIGAS, MAX	2 NAME	
3 ADDRESS	7000 N. MAIN STREET	3 ADDRESS	
4 CITY ST ZIP	JACKSONVILLE FL	4 CITY ST ZIP	
1 TITLE	D	1 TITLE	
2 NAME	WASHINGTON, JOSIE	2 NAME	
3 ADDRESS	111 FERN STREET	3 ADDRESS	
4 CITY ST ZIP	JACKSONVILLE FL	4 CITY ST ZIP	
1 TITLE	D	1 TITLE	
2 NAME	WASHINGTON, RICHARD	2 NAME	
3 ADDRESS	111 FERN ST.	3 ADDRESS	
4 CITY ST ZIP	JACKSONVILLE FL	4 CITY ST ZIP	
1 TITLE		1 TITLE	
2 NAME		2 NAME	
3 ADDRESS		3 ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	
2 NAME		2 NAME	
3 ADDRESS		3 ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	

14. I certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature shall constitute an affirmation thereof. A false statement can be punishable. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE Rev. Richard Washington DATE 4-18-93

Print/Type Name of Signing Officer or Director: Richard Washington — Title(s): Pastor — Daytime Telephone Number: (904) 358 2730