

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N30979
1. Corporation Name
ST. ANDREW MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
2600 W 45TH ST, JACKSONVILLE FL 32209 2600 W 45TH ST JACKSONVILLE FL 32209

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

3. Date Incorporated or Qualified
03/03/1989
4. FEI Number Applied For
59-2469480 Not Applicable
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BURNEY BIVENS
1543 KINGSLEY AV SUITE 18B
ORANGE PARK FL 32073

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 *Burney Bivens* Burney Bivens 6-2-98 DATE

12. OFFICERS AND DIRECTORS

TITLE	P COLEMAN, A.B.	<input type="checkbox"/> DELETE
NAME	2600 W 45TH ST	
STREET ADDRESS	JACKSONVILLE, FL 32209	
CITY-ST-ZIP		
TITLE	S/D MCNEIL, IDA M.	<input type="checkbox"/> DELETE
NAME	9050 NORFOLK BLVD. - N-211	
STREET ADDRESS	JACKSONVILLE FL 32208	
CITY-ST-ZIP		
TITLE	D FUCE, LESLIE B.	<input type="checkbox"/> DELETE
NAME	3535 DIVISION STREET	
STREET ADDRESS	JACKSONVILLE FL 32209	
CITY-ST-ZIP		
TITLE	D BRYANT, RALPH C.	<input type="checkbox"/> DELETE
NAME	9218 DEVONSHIRE BLVD.	
STREET ADDRESS	JACKSONVILLE FL 32208	
CITY-ST-ZIP		
TITLE	D CAMPBELL, CHRISTINA L.	<input type="checkbox"/> DELETE
NAME	5918 LUSAID DRIVE	
STREET ADDRESS	JACKSONVILLE FL 32209	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. 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 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: *A.B. Coleman* 5/19/98 (904) 764-5882

CR2E087 (10/97)