NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30979

1. Corporation Name

ST. ANDREW MISSIONARY BAPTIST CHURCH, INC.

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

2600 W 45TH ST JACKSONVILLE FL 32209

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90074 048 ****61.25

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2. Principal P	Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed				
21	26					03/03/1989		.,	-	
Suite, Apt.	, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		Ap	ed For	
22	27			59-2		59-2469480			Applicable_	
City & State City & State						5. Certifcate of Status Desired		\$8.75 A		
23						C. Certificate of Guida Booilea		Fee Re	quired	
Zip	Country	Zip	Zip Country			6. Election Campaign Financing		\$5.00	Мау Ве	
24	25	25 29 30				Trust Fund Contribution	<u> </u>	Added t	Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent						
				81 N	ame					
BIVINS, BURNEY					82 Street Address (P.O. Box Number is Not Acceptable)					
1543 KINGSLEY AVE					and the second of the portion in the second of the second					
SUITE 18-			Ī	83						
	=		ļ	04 5	*4 .			0e 7:- C	ode	
UKANGE	PARK FL 32073			84 C	ity		FL	85 Zip C	·	
11. Pursuant	to the provisions of Sections 617.0502	and 617 1508. Florida Statute	s, the ab	xove-na	med corpo	pration submits this statement for the	purpose of	changing its	registered	
office or r	egistered agent, or both, in the State o	f Florida. Such change was au	ithorized	by the	corporatio	n's board of directors. I hereby accep	ot the appoir	itment as reg	jistered	
agent. i a	m familiar with, and accept the obligati	ons of, Section 617.0503, Flori	เชอ 5เลเน	ites.						
SIGNATURE		and title if applicable (NOTE)	Registered	Anent eign	noture required	when reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist 12. OFFICERS AND DIRECTORS				- Hour sign		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
TITLE	P OFFICERS AND	DELETE 1.1		ì.E				Change	Addition	
	'	_ 7	1.2 NAA					<u> </u>	-	
NAME	COLEMAN, A.B.		1							
STREET ADDRESS	2000 11 10111 01		4	REET ADD						
CITY-ST-ZIP	JACKSONVILLE FL 32209	O select	_	Y-ST-ZIP				☐ Change	, Addition	
TITLE	S/D	☐ DELETE	2.1 TIT					□ cusude	. L. Addition	
NAME	MCNEIL, IDA M.		2.2 NAME			•				
STREET ADDRESS	9050 NORFOLK BLVDN-211		. 2.3 STRE		RESS					
CITY-ST-ZIP -	-JACKSONVILLE-FL-32208	GKSONVILLE-FL-32208 2.40		TY-ST-ZIF	P				~	
TITLE	D	☐ DELETE	3.1 111	ΓĒ				Change `	Addition	
NAME	FUCE, LESLIE B.		3.2 NA	ME	- {				•	
STREET ADDRESS			3.3 ST	REET ADD	DRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32209		3.4. CF	TY-ST-ZIF	P					
TITLE	D	☐ DELETE	4.1 TIT	4.1 TITLE				Change	Addition	
NAME	BRYANT, RALPH C.		4.2 N	WE						
STREET ADDRESS			4.3 ST	REET ADD	ORESS					
CITY+ST-ZIP	JACKSONVILLE FL 32208			Y-ST-ZIP						
TITLE	D	☐ DELETE	5.1 111					Change	Addition	
NAME	, -		5.2 NA							
	CAMPBELL, CHRISTINA L.		5.3 STI	REET ADO	DRESS					
STREET ADDRESS	70 10 E001 110 O1 111 E			Y-ST-ZIP						
CITY-ST-ZIP	JACKSONVILLE FL 32209	Conciere	6.1 III		-			Change	☐ Addition	
TITLE		☐ DELETE	6.1 MA		1			C Criange		
NAME								٠		
STREET ADDRESS				REETADO	1					
CITY-ST-ZIP	1		6.4 CIT	Y-ST-ZIP	•					

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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 9047680507