


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90001 044 ****61.25

DOCUMENT # N30979			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BIVINS, BURNEY. 1543 KINGSLEY AVE SUITE 18-B ORANGE PARK, FL 32073		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	Pastor / President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, A.B.	NAME	Rivers, Henry
STREET ADDRESS	2600 W 45TH ST	STREET ADDRESS	2600 W 45th Street
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	Jacksonville, FL 32209 <input checked="" type="checkbox"/>
TITLE	S/D <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, ANDRENA C	NAME	Rivers, Tywanda
STREET ADDRESS	3146 WOODLAWN RD	STREET ADDRESS	2324 W 18th Street Jacksonville, FL 32209
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCE, LESLIE B.	NAME	
STREET ADDRESS	3535 DIVISION STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, RALPH C.	NAME	
STREET ADDRESS	9218 DEVONSHIRE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CHRISTINA L.	NAME	
STREET ADDRESS	5918 LUSAID DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Fuce, Addie
STREET ADDRESS		STREET ADDRESS	3525 Division Street
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32209
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Tywanda Rivers</i>		Date: <i>8-4-06</i> Daytime Phone #: <i>704-5882</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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4. FEI Number **59-2469480** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required