


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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2469480	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIVINS, BURNEY 1543 KINGSLEY AVE SUITE 18-B ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	
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		
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		
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		
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> Tywanda RIVERS <i>8-406</i> <i>704-5882</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50024957



08082006 Chg-NP CR2E037 (4/06)