2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 8:00 am Secretary of State

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DOCUMENT # N45883 1. Entity Name PETRA MISSIONARY BAPTIST CHURCH, INC.					Secretary of State 04-03-2008 90021 050 ****61.25				
2403 CLYDE DRIVE 246		Mailing Address 2403 CLYDE DRIVE IACKSONVILLE, FL 3220						1165 BJ F9-BJ	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E03	7 (12/06)		
City & State		City & State	City & State		056		_ 	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired		\$8.75 Add	litional	
	6. Name and Address of Current	t Registered Agent		7. Name and A	ddress of New	Registered A	gent		
NEWMAN, CORNELIUS			Name	7. Name and Address of New Registered Agent Name					
	DE DRIVE		Street Address ((P.O. Box Number is Not Acceptable)				
								j	
			City			FL	Zip Code	e	
	named entity submits this statement factors of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both,	in the State of	Florida. I am fa	amiliar with,	and accept	
SIGNATURE .		0.00			<u>_</u>	O.T.			
SIGNATURE	Signature, typed or printed name of registered agen	x and title if applicable. (NOTE:	Registered Agent ingristu	iré réquired when reinstating)		DATE			
SIGNATURE		et and title & applicable. (NOTE: 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	FI	CATE Make check orida Depart			
SIGNATURE	Signature, typed or printed name of regestered agen	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	<u> </u>	Make check orida Depart	ment of St	ate	
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	<u> </u>	Make check orida Depart	ment of St	ate	
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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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attackment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PHONTED HAME OF SIGNAND OFFICER OR DIRECTOR DESCRIPTION DATE OF SIGNATURE AND TYPED OR PHONTED HAME OF SIGNAND OFFICER OR DIRECTOR