

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90031 048 ****61.25

DOCUMENT # N46254

1. Corporation Name

**ST. MARK MISSIONARY BAPTIST CHURCH INC. OF NEW B
ERLIN**

Principal Place of Business

PO BOX 28242
JACKSONVILLE FL 32218

Mailing Address

PO BOX 28242
JACKSONVILLE FL 32218



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/27/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3083769

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**JOHNSON, CLIFFORD
8330 FIRE FLY LANE
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name

CLIFFORD JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)

10193 NEW BERLIN ROAD

83

84 City

JACKSONVILLE

FL

85 Zip Code

32226

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JOHNSON, CLIFFORD**
STREET ADDRESS **8330 FIRE FLY LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ DELETE
NAME **JACOBS, WILLIE B.**
STREET ADDRESS **10918 PLEASANT OAK RD SO**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ DELETE
NAME **JONES, JANIE**
STREET ADDRESS **4816 CHURCHILL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ DELETE
NAME **DOPSON, DANIEL**
STREET ADDRESS **5050 GRANNLOYD DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-99

Date

904-751-5788

Daytime Phone #

CR2E037 (5/99)