## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N48591**

1. Entity Name



FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90086 041 \*\*\*\*61.25

ST JOHNS MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, FLORIDA INC.							3-02-2007 30000 0	71 0	1.23	
Principal Place of Business 740 BRIDIER STREET JACKSONVILLE, FL 32202 US Address P.O. BOX 40683 JACKSONVILLE, FL 32202					us	40	LUU 4			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							18181 2018 18181 1081 81811 81811 BIB	61411   11511   114		
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.			04282007 CI	ng-NP CR2E03	7 (12/06)		
City & State	е	Ci	City & State			4. FEI Number 59-288159	6	<del> </del>	oplied For ot Applicable	
Zip	Country Z		c Country		5. Certificate of St	8.75 Additional see Required				
	6. Name and Address of Current	Registere	ed Agent			7. Name and Add	ress of New Registered A	gent		
THOMAS,	MAUDE L				Name					
740 BRIDIER STREET JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)						
					City		FL	Zip Cod	le	
	named entity submits this statement for ions of registered agent.	or the purp	oose of changing its r	egister	ed office or reg	gistered agent, or both, in	the State of Florida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	plicable. (NOTE:	Registere	d Agent signature re	edured when reinstating)	DATE		<del></del>	
				-						
	Filing Fee is \$61.25  Due by May 1, 2007  9. Election Car Trust Fund (			paign Financing ontribution.		\$5.00 May Be Added to Fees	Make check Florida Depar			
10.	OFFICERS AND DI	RECTORS		11.	.,	ADDITIONS/CHANG	ES TO OFFICERS AND DIF	RECTORS IN	l 10	
TITLE	S Delete			TITL				Change	☐ Addition	
NAME Street address	THOMAS, M L 740 BRIDIER ST			NAM	ET ADDRESS				i	
CITY-ST-ZIP	JACKSONVILLE, FL				-ST-21P					
TITLE	С		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	MURRAY, BRYANT			NAM	-					
STREET ADDRESS CITY-ST-ZIP	740 BRIDIER STREET JACKSONVILLE, FL				ET ADDRESS - ST-ZIP					
	T		Delete	-		<i>(a</i>	<del></del>	Change		
TITLE NAME	EDMONDSON, SY		The Deserte	TITLI	/	RAYMONE A	vcha .	Change	Addition	
STREET ADDRESS	740 BRIDER ST				ET ADDRESS	740 BR/de	R Street	~ ^ 4	1	
CITY-ST-ZIP	JACKSONVILLE, FŁ			CITY	-ST-21P	JACKSONVO	The HI Jak	202		
TITLE	Т		Detete	FITLE	Ε		7	Change	Addition	
NAME	RAY, R			NAM						
STREET ADDRESS CITY-ST-ZIP	740 BRIDIER STREET JACKSONVILLE, FL 32202		~		ET ADDRESS -ST-ZIP					
TITLE	T		☐ Delete	TITL	+			Change	Addition	
NAME	GORDON, JAMES			NAM				□ cuariño	☐ Addition	
STREET ADDRESS	740 BRIDIER STREET			STAE	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL			CITY	-ST-ZiP					
TITLE	Т		☐ Delete	TITL	E			Change	☐ Addition	
NAME	MCCORMICK, CHARLIE JR			NAM					ļ	
STREET ADDRESS CITY-ST-ZIP	740 BRIDIER ST JAX, FL				ET ADDRESS -ST-ZIP					
43 I horoby	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	n this filing s true and owered to with all oth	does not quality for accurate and that m execute this report a ner like ampowered.	the eve	motions contr	e the same legal effect as i er 617, Florida Statutes; an	ida Statutes. I further certif made under oath; that I a d that my name appears it	m an office Block 10 o	or director r Block 11 if	

SIGNATURE: SIGNATURE AND TYPED OR PROTTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam ST JOHN	MENT # N48591 s missionary baptist ville, floridaline.			ATTACHMENT						
740 BRIDIER	e of Business ! STREET E, FL 32202 US	Mailing Address P.O. BOX 40683 JACKSONVILLE, FL 32	2 <b>0</b> 2 US			10048		-		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		<u> </u>	HL	110042	54			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04282007 C	ng-NP CR2EC	037 (12/06)			
City & State	е	City & State			4. FEI Number 59-288159	6	<b>-</b>	oplied For at Applicable		
Zip	Country	Zip	Country	5. Certificate of Status De		atus Desired	esired   \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent						
THOMAS, MAUDE L 740 BRIDIER STREET JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)						
		•	City		<u> </u>	FI	Zip Cod	e		
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office	or register	ed agent, or both, in			and accept		
the obligat	ions of registered agent,									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sign	ngture required	when reinidating)	DATE		<del></del>		
•	Filing Fee is \$61.25 Due by May 1, 2007		mpaign Financing Contribution.		\$5.00 May 8e Added to Fees	Make che Florida Depa	ck payable t	7.5		
10.	OFFICERS AND DI		11.	.,	ADDITIONS/CHANG	ES TO OFFICERS AND D				
NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, M L 740 BRIDIER ST JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MURRAY, BRYANT 740 BRIDIER STREET	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			Change	☐ Addition		
HTLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL T EDMONDSON, SY 740 BRIDER ST JACKSONVILLE, FL	(D) to Electe	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ymore	Richo	☐ Change	(D) Addition		
TITLE NAME STREET ADDRESS	T RAY, R 740 BRIDIER STREET	☐ Delete	TITLE NAME STREET ADDRESS	s			Change	☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	T GORDON, JAMES 740 BRIDIER STREET	☐ Ociete	CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Change	Addition		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP					<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMICK, CHARLIE JR 740 BRIDIER ST JAX, FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			Change	☐ Addition		
12. I hereby of indicated of the corchanged,	ertify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature shall t as required by C	i have the s	same legal ettect as i	r made under oain; inar i	em en ouicer	OF UNECTOR		
SIGNAT	UKE:	PRINTED NAME OF SIGNING OFFICES	og oggettog			Date	Daytime Phone #	<del> </del>		

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