


05-02-2007 90086 041 ****61.25

DOCUMENT # N48591			
1. Entity Name ST JOHNS MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, FLORIDA INC.			
Principal Place of Business 740 BRIDIER STREET JACKSONVILLE, FL 32202 US		Mailing Address P.O. BOX 40683 JACKSONVILLE, FL 32202 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number 59-2881596 <div>Applied For Not Applicable</div>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, MAUDE L 740 BRIDIER STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)</small> DATE _____			
Filing Fee Is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, M L 740 BRIDIER ST JACKSONVILLE, FL Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MURRAY, BRYANT 740 BRIDIER STREET JACKSONVILLE, FL Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDMONDSON, SY 740 BRIDER ST JACKSONVILLE, FL Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raymond Riches 740 Bridier Street Jacksonvile Fl. 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAY, R 740 BRIDIER STREET JACKSONVILLE, FL 32202 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, JAMES 740 BRIDIER STREET JACKSONVILLE, FL Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMICK, CHARLIE JR 740 BRIDIER ST JAX, FL Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information powered.			
SIGNATURE: Maude L Thomas		Date 04/29/07 (904) 534-3026	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

ATTACHMENT

40100484

04282007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2881596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
THOMAS, MAUDE L 740 BRIDIER STREET JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, M L	NAME	
STREET ADDRESS	740 BRIDIER ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, BRYANT	NAME	
STREET ADDRESS	740 BRIDIER STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMONDSON, SY	NAME	Raymond Richo
STREET ADDRESS	740 BRIDER ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, R	NAME	
STREET ADDRESS	740 BRIDIER STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JAMES	NAME	
STREET ADDRESS	740 BRIDIER STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, CHARLIE JR	NAME	
STREET ADDRESS	740 BRIDIER ST	STREET ADDRESS	
CITY-ST-ZIP	JAX, FL	CITY-ST-ZIP	

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SIGNATURE: _____ Date _____ Daytime Phone # _____

my copy