


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000003978</b>	
<b>1. Entity Name</b> GREATER ST. MARK MISSIONARY BAPTIST CHURCH, INC.	

<b>Principal Place of Business</b> 6538 RESTLAWN DRIVE JACKSONVILLE, FL 32208	<b>Mailing Address</b> P.O. BOX 9197 JACKSONVILLE, FL 32208
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-334100	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

LAVANT, EDWARD  
11320 ISLAND SHORE DR.  
JACKSONVILLE, FL 32218

**DO NOT WRITE IN THIS SPACE**

**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: Edward Lavant **04-12-04**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000128204</b> <b>04/26/04-00029-015 61.25</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD LAVANT, EDWARD 11320 ISLAND SHORE DR. JACKSONVILLE, FL 32218
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VCD LAVANT, I.D. 1921 MCLEAN RD. JACKSONVILLE, FL 32209
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SD BAILEY, MELODY 2344 LANTANA ST. JACKSONVILLE, FL 32208
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T BUTLER, ROSA L 1553 WEST 23RD ST JACKSONVILLE, FL 32209
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, JAMES 2511 BARNETT ST JACKSONVILLE, FL 32209
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D BOLDEN, SAMUEL 36 WEST 18TH ST. JACKSONVILLE, FL 32209

**DO NOT WRITE IN THIS SPACE**

**12. 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 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:** Edward Lavant **04-12-04 (904) 751-0777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #