## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000052

FILED Apr 01, 2008 Secretary of State

Entity Name: SAINT JOHN'S MISSIONARY BAPTIST CHURCH OF AVON PARK, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1468 WILLIAMS GRAY COURT AVON PARK, FL 33825 **Current Mailing Address: New Mailing Address:** P.O. BOX 596 AVON PARK, FL 33825 FEI Number: 65-0492283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALCOLM, PATRICIA A JONES, ROBERT PASTOR 2950 WEST RUTLAND RD 1468 WILLIAMS GRAY COURT AVON PARK, FL 33825 AVON PARK, FL 33825 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. SIGNATURE: ROBERT JONES 04/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HENRY RICHARD DEACON Name: Name: 485 D ST Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete DANIELS, THOMASINA SS Name: FULLER, ISAAC CLERK Name: Address: 1407 S. CAROLINA AVE. Address: 1468 WILLIAMS GRAY COURT City-St-Zip: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825 Title: () Delete Title: (X) Change ( ) Addition DANIELS, MARY AT DANIELS, MARIE AST. T Name: Name: 2925 DOLPHIN DRIVE Address: 1469 LACY ST Address: City-St-Zip: AVON PARK, FL 33825 City-St-Zip: SEBRING, FL 33871 Title: () Delete Title: ( ) Change (X) Addition Name: Name: FULLER, ANNETTE 1468 WILLIAMS GRAY COURT Address: Address: City-St-Zip: City-St-Zip: AVON PARK,, FL 33825 Title: () Delete Title: ( ) Change (X) Addition MOORE, MAE T COM. M Name: Name: 1468 WILLIAMS GRAY COURT Address: Address: City-St-Zip: City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JONES PAST 04/01/2008