

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003599

FILED
Jan 29, 2004
Secretary of State

Entity Name: ST. JOHNS PARK BAPTIST CHURCH, INC.

Current Principal Place of Business:

C/O BERNIE ROBERTS
4300 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

C/O BERNIE ROBERTS
4300 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-0638483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOY, ROBERT DR.
2936 MANITOU AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

LOY, ROBERT DR.
1755 FAIR STREET
JACKSONVILLE, FL 32210 US

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: BERNIE ROBERTS

01/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOY, ROBERT E DR
Address: 2936 MANITOU AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: ROBERTS, BERNARD
Address: 4840 FRENCH STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: CARTER, BERNARD
Address: 2760 CHELTON ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ANDREWS, FLORENCE
Address: 4654 WHEELER AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: HOWARD, JOHN PAUL
Address: 4423 BASS PL.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROBERTS, BERNARD
Address: 1760 SENACA
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERNARD ROBERTS

TD

01/29/2004

Electronic Signature of Signing Officer or Director

Date