2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003599

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

FILED Jan 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 59-0638483 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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

LOY, ROBERT E DR Name: Name: 2936 MANITOU AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:

Title: () Delete Title: FC (X) Change () Addition

ROBERTS, BERNARD Name: ROBERTS, BERNARD Name: Address: 1760 SENACA Address: 1760 SENACA

City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete Title: (X) Change () Addition CARTER, BERNARD COLEMAN, KAREN Name: Name:

555 MADERIA DR. Address: 2760 CHELTON ROAD Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: ORANGE PARK, FL 32073

Title: () Delete Title: ΑT (X) Change () Addition ANDREWS, FLORENCE Name: Name: WEEKS, ROSE MARIE

Address: 4654 WHEELER AVE Address: 4355 MELROSE AVE City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete Title: (X) Change () Addition

HOWARD, JOHN PAUL HOWARD, JOHN PAUL Name: Name:

4423 BASS PL 4423 BASS PL Address: Address: JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete Title: () Change (X) Addition COLEMAN, JAMES Name: Name:

Address: Address: 747 WEST ST. JACKSONVILLE, FL 32204 City-St-Zip: 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: BERENARD R ROBERTS FC 01/08/2005