2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N96000003599

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.
9547 WARHAWK ROAD
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

TURNER, WILLIAM M REV.
21824 CR 121
HILLIARD, FL 32046 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: WILLIAM M. TURNER 04/09/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOY, ROBERT E DR
Address: 9547 WARHAWK ROAD
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete
Name: ROBERTS, BERNIE R
Address: 7016 SENACA AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: FM ( ) Delete
Name: JOHNSON, MARJORIE
Address: 4755 WHEELER STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: AT ( ) Delete
Name: WEEKS, ROSE MARIE
Address: 4355 MELROSE AVE
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: FM ( ) Delete
Name: COLEMAN, JAMES
Address: 747 WEST ST.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PA (X) Change ( ) Addition
Name: TURNER, WILLIAM M REV
Address: 21924 CR121
City-St-Zip: HILLIARD, FL 32046

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

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

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 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: BERNIE ROBERTS T 04/09/2007
Electronic Signature of Signing Officer or Director Date