

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003599

FILED
Apr 13, 2009
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:

TURNER, WILLIAM M REV.
21824 CR 121
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

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:

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

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: COLEMAN, KAREN
Address: 555 MADEIRA DR.
City-St-Zip: ORANGE PARK, FL 32073

Title: FM () Delete
Name: BAXTER, RUTH
Address: 3860 JEAN ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: FM (X) Change () Addition
Name: CREAMER, DEBBIE
Address: 1517 PARRISH PL
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: FM (X) Change () Addition
Name: COLEMAN, HAROLD
Address: 555 MADEIRA DR.
City-St-Zip: ORANGE PARK, FL 32073

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

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: ROSE MARIE WEEKS

FM

04/13/2009

Electronic Signature of Signing Officer or Director

Date