

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003599

FILED  
Apr 28, 2010  
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:

C/O HAROLD COLEMAN  
4300 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32210

## Current Mailing Address:

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

## New Mailing Address:

C/O HAROLD COLEMAN  
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:

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  
Name: TURNER, WILLIAM M REV  
Address: 21924 CR121  
City-St-Zip: HILLIARD, FL 32046

Title: T  
Name: COLEMAN, HAROLD G  
Address: 555 MADEIRA DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: FM  
Name: CREAMER, DEBBIE  
Address: 1517 PARRISH PL  
City-St-Zip: JACKSONVILLE, FL 32205

Title: AT  
Name: FENYOEDY, ANDREAS  
Address: 4322 WOODMERE STREET  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: FM  
Name: WALLER, NANCY  
Address: 4357 LEXINGTON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: HAROLD G. COLEMAN

TRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date