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FILE NO	w: filing fee is \$6			
CORPORATION ANNUAL REPORT 1999	K.	DEPARTMENT OF STATE Atherine Harris Becretary of State N OF CORPORATIONS	FILED	
DOCUMENT # N9700004914			99 AUG 31 AH 9: 28	
St John Missionary Baptist Church, Inc.			SECRETANY OF STATE	
of Tallahassec			TALLAHASSEE, FLOR	İDA
Principal Place of Business	Mailing Address	11 01		
2125 Keith St 2125 Keith St				
Tallahassee,F13	2310 Tallal	hassee, F1 3231	o 	
2. Principal Place of Business	2a. Mailing Address	S	3. Date Incorporated or Qualifed	
Suite, Apt. #, etc.	26 Suite, Apt. #, et	С.	4. FEI Number	Applied For
City & State	27 City & State		Not Applicable	Not Applicable \$8.75 Additional
3	28	O	5. Certificate of Status Desired	Fee Required
Zip Country	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address	s of Current Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
Crimes Edu	land		ess (P.O. Box Number is Not Acceptable)	
Gaines, Edw 2125 Keith	SH	83		
Tallahassee	E1 323K)	84 City		85 Zip Code
			Foration submits this statement for the purpose of	
office or registered agent, or both, in agent. I am familiar with, and accep	n the State of Florida. Such change	was authorized by the corporatio	n's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	registered agent and title if applicable.	(NOTE: Registered Agent signature required	when reinstating) DATE	
12. OFF	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
HITLE PD Gaines, Edu	UCITO □ DELE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS R + 3 BOX	773	1.3 STREET ADDRESS		
STY-ST-ZIP Havang, T	32333 DELE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
ITLE SD From Erne	at J	22 NAME	00000297	
NAME Lane Erne STREET ADDRESS 2076 White	: Ash Way	2.3 STREET ADDRESS	-09/03/99	01091014
oty-st-zip Tallahassed	5, F1 32308 □ DELE	2.4 CITY-ST-ZIP TE 3.1 TITLE	*****6].2	
ITLE TD		3.2 NAME		☐ Change ☐ Addition
1416 100 800	pital Circle St	3.3 STREET ADDRESS		
114-81-21 -7a11ahasse	C FL 3/311	3.4. CITY-ST-ZIP		
ITLE D	DELE	TE 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
TREET ADDRESS 849 W. Bre	Nathan rud st	4.3 STREET ADDRESS		
ITY-ST-ZIP Tallahasse	E, FL 32304	4.4 CITY-ST-ZIP		
TITLE D	DELE			☐ Change ☐ Addition
Alexander,	Harry ando Dr	5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS 1317 Herna CITY-ST-ZIP Tallahasst	e, Fl 32310	5.4 CITY-ST-ZIP		
TILE (G) TO THE	□ DELE	.=		Change Addition
AME		6.2 NAME		-5
STREET ADDRESS		6.3 STREET ADDRESS		5 4
ony-st-zip	supplied with this filing does not gue	6.4 CRY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further or	ertify that the information
indicated on this annual report or su	polemental annual report is true and	d accurate and that my signature	shall have the same legal effect as if made un	der oath: that I am an
Block 12 or Block 13 if changed or	an attachment with an address	with all other like empowered.	ed by Chapter 617, Florida Statutes; and that	
SIGNATURE:	Nos Carn	D Daive	B/11/99 850	053955
SIGNATURE A	IND TYPED OR PRINTED NAME OF SIGNING O	TO THE OWN DIVERSION	Date	Daytime Phone #
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