NOT-FOR-PROFIT CORPORATION
2000-2004 ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004914

1. Entity Name
ST. JOHN MISSIONARY BAPTIST CHURCH, INC. OF TALLAHASSEE

Principal Place of Business	Mailing Address
2125 KEITH ST TALLAHASSEE, FL 32310	2125 KEITH ST TALLAHASSEE, FL 32310

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAINES, EDWARD 2125 KEITH ST TALLAHASSEE, FL 32310	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, ar the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GAINES, EDWARD ~~RT 3, BOX 778~~ 97 Neal Temple Rd HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change 200040287652 08/18/04--01037--010 **306.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANE, ERNEST J 2076 WHITE ASH WAY TALLAHASSEE, FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change Randall Gavin 2510 Blarney Drive Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHITAKER, JOHN H 27554-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change Alfred Gainous, Sr 3421 North Ridge Road Tallahassee, Fl 32305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALDSON, NATHAN 849 W BREVARD ST TALLAHASSEE, FL 32304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change Joseph Edwards 8321 Pin Oak Road Tallahassee, FL 32305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, HARRY 1317 HERNANDO DRIVE TALLAHASSEE, FL 32310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change Kirk Gavin 2807 Kilkieranie Drive Tallahassee Fl 32309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the info indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or 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 in Block 10 or 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elder E Gaines Elder, Edward Gaines 8/17/04 850-539-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #