

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000000999

1. Entity Name
MT. ARARAT MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**2503 N. MYRTLE AVE.
JACKSONVILLE, FL 32209**

Mailing Address
**2503 N. MYRTLE AVE.
JACKSONVILLE, FL 32209**



02012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1058974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LATTIMORE, DAVID A JR.
794 CAMERON DR.
ORANGE PARK, FL 32073**

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IN THIS SPACE**

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, and accept 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

**Filing Fee Is \$61.25
Due by May 1, 2007**

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

**U00000664165
03/22/07-80032-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURGESS, RUTH
STREET ADDRESS	5845 THURGOOD CIRCLE N
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	D
NAME	WILLIAMS, FANNIE
STREET ADDRESS	6423 KINLOCK DR
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	D
NAME	CHATMAN, RUTH
STREET ADDRESS	3622 GRUNTHAL ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	FULLER, BETTY
STREET ADDRESS	141 W. 26TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	FENNEY, SHIRLEY
STREET ADDRESS	2644 WYLENE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley Fenney* *Shirley Fenney* *3/4/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #