


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000999</b>	
<b>1. Entity Name</b> MT. ARARAT MISSIONARY BAPTIST CHURCH, INC.	

<b>Principal Place of Business</b> 2503 N. MYRTLE AVE. JACKSONVILLE, FL 32209	<b>Mailing Address</b> 2503 N. MYRTLE AVE. JACKSONVILLE, FL 32209
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04142008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 59-1058974	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

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

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U000000323230  
05/16/08-80022-011 61.25

**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:** *Fannie Williams* **FANNIE WILLIAMS** **4/20/08** **354-7893** **(904)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #