

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90048 034 \*\*\*\*61.25

DOCUMENT # NY9000002233  
1. Corporation Name  
ST. SIMON BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address  
1489 WELLS RD.  
P.O. BOX 49  
ORANGE PARK, FL. 32073

2. Principal Place of Business 21 <u>ABOVE</u>	2a. Mailing Address 26 <u>ABOVE</u>	3. Date Incorporated or Qualified <u>4-17-98</u>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <u>59-3062152</u> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23 <u>ORANGE-PARK, FL.</u>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24 <u>32073</u>	Country 25 <u>FLAY</u>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Trust Fund Contribution Added to Fees
Zip 29 <u>32073</u>	Country 30	

9. Name and Address of Current Registered Agent <u>VERA CAREY</u> <u>1218 CIMMARON DR.</u> <u>ORANGE PK. FL. 32065</u>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE VERA H. CAREY VERA H. CAREY 5/9/99  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>W.H. RANDALL</u> <u>1976 HARBOR IS. DR</u> <u>ORANGE PARK FL. 32073</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<u>TRUSTEE</u> <u>WILLIE WILSON</u> <u>8140 CORALBERRY LN</u> <u>JACKSONVILLE, FL. 32244</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VERA CAREY, TREAS.</u> <u>1218 CIMMARON DR</u> <u>ORANGE PK. FL. 32065</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<u>CHARISSETA TRUSTEE</u> <u>CHARISSETTA GREEN</u> <u>1961 CALUSA TR.</u> <u>MIDDLEBURG, FL. 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>GREG GLOVER, V.P.</u> <u>7362 GINGER TEA TRAIL</u> <u>JAY, FL. 32244</u>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<u>TRUSTEE, WAYNE MAIDEN</u> <u>1558 HOPE VALLEY DR.</u> <u>JACKSONVILLE, FL. 32221</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<u>TRUSTEE</u> <u>BADDIE DREW</u> <u>1175 AITAVISHA ST</u> <u>JACKSONVILLE, FL. 32205</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.H. RANDALL W.H. RANDALL 5-9-99 904.269.2119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)