

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

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

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	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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