


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002233</b> 1. Entity Name ST. SIMON BAPTIST CHURCH, INCORPORATED	
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Principal Place of Business 1331 MILLER ST ORANGE PARK, FL 32073	Mailing Address PO BOX 49 ORANGE PARK, FL 32069-0049
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DO NOT WRITE IN THIS SPACE



06092008 No Chg-NP		CR2E037 (4/06)
4. FEI Number 59-3062152	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LANCE, DOREEN 1938 CALUSA TRAIL MIDDLEBURG, FL 32068	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RANDALL, WILLIAM H
STREET ADDRESS	1976 HARBOR ISLAND DR.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP
NAME	PERRY, LESTER
STREET ADDRESS	2358 DUNLIN CT.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	T
NAME	MURRY, LEVARN
STREET ADDRESS	3324 DEERFIELD POINT DR.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	GEORGE, LEROY
STREET ADDRESS	1757 ST. IVES DR.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	REMBERT, CHARLES
STREET ADDRESS	7580 LAFONTAINE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	D
NAME	BRITT, ALVIN
STREET ADDRESS	1020 GROVE PARK LANE
CITY-ST-ZIP	ORANGE PARK, FL 32073

DO NOT WRITE  
IN THIS SPACE

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06/23/08-80001-034 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, he empowered.

SIGNATURE: William H. Randall      Date: 6-11-2008      Daytime Phone #: 215-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR