

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900000539

FILED
May 02, 2005
Secretary of State

Entity Name: ST. JOHN PRIMITIVE BAPTIST CHURCH OF MEDULLA, FLORIDA, INC.

Current Principal Place of Business:

ST. JOHN. P.B. CHURCH
5235 OLD HIGHWAY 37
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7278
LAKELAND, FL 338077278

New Mailing Address:

FEI Number: 59-2368469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GHENT, SMITH
5434 LILY ROAD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: TOWNES, ROBERT D ELDER
Address: 1307 SCOTT CIR
City-St-Zip: LAKELAND, FL 33805

Title: DVP () Delete
Name: SMITH, GHENT
Address: 5434 LILY RD
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: BROWN, JACKIE SIS.
Address: 1240 S. VIRGINIA AVE
City-St-Zip: BARTOW, FL 338306647

Title: S () Delete
Name: RICHARDSON, ANDREA
Address: 2523 BLAIR CIRCLE S.
City-St-Zip: LAKELAND, FL 33803

Title: T () Delete
Name: JACKSON, JOHNNY
Address: 1050 PARKER ROAD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELIN D. BROWN

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05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date