

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30979

Entity Name: ST. ANDREW MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2600 W 45TH ST
JACKSONVILLE, FL 32209

Current Mailing Address:

2600 W 45TH ST
JACKSONVILLE, FL 32209

FEI Number: 59-2469480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, REESE
214 EAST ASHLEY STREET
JACKSONVILLE, FL 32202 US

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

Officer/Director Detail :

Title PP
Name COOPER, CHARLES E., JR
Address 2600 WEST 45TH ST
City-State-Zip: JACKSONVILLE FL 32209

Title S
Name SMITH, FELICIA
Address 1647 TOWNSEND BOULEVARD
City-State-Zip: JACKSONVILLE FL 32211

Title T
Name CURE, WILLIAM
Address 11110 WOODELM ROAD,WEST
City-State-Zip: JACKSONVILLE FL 32218

Title T
Name BRYANT, RALPH C.
Address 9218 DEVONSHIRE BLVD.
City-State-Zip: JACKSONVILLE FL 32208

Title T
Name CAMPBELL, CHRISTINA L.
Address 5918 LUSAID DRIVE
City-State-Zip: JACKSONVILLE FL 32209

Title T
Name FUCE, ADDIE
Address 3525 DIVISION ST
City-State-Zip: JACKSONVILLE FL 32209

I hereby 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 all other like empowered.

SIGNATURE: FELICIA SMITH

SECRETARY

03/01/2014

Electronic Signature of Signing Officer/Director Detail

Date