

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005539

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

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**9949471271CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

POST OFFICE BOX 7278  
LAKELAND, FL 33807-7278

**FEI Number: 59-2368469**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MOORE, HERBERT  
1050 PARKER ROAD  
LAKELAND, FL 33811 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 ELDER, PRESIDENT, CEO  
Name TOWNES, ROBERT D.  
Address 1307 SCOTT CIR  
City-State-Zip: LAKELAND FL 33805

Title DEACON CHAIRMAN, TRUSTEE  
Name MOORE, HERBERT  
Address 1050 PARKER ROAD  
City-State-Zip: LAKELAND FL 33811

Title CO-TRUSTEE, BUSINESS ADMINISTRATOR  
Name BROWN, JACQUELIN D.  
Address 101 GREENWAY DRIVE  
City-State-Zip: HAVANA FL 32333

Title TREASURER, CO-TRUSTEE  
Name SMITH, SHIRLEY  
Address COUNTRY LANE  
City-State-Zip: LAKELAND FL 33805

Title FINANCIAL SECRETARY, CO-TRUSTEE  
Name TOWNES-KNIGHTEN, TAMESHA  
Address 1307 SCOTT CIRCLE  
City-State-Zip: LAKELAND FL 33807

Title TRUSTEE  
Name MOORE, MARION  
Address 5416 LILY ROAD  
City-State-Zip: LAKELAND FL 33811

Title TRUSTEE  
Name GHENT, MARCUS S.  
Address 1977 WIND MEADOWS DRIVE  
City-State-Zip: BARTOW FL 33830

Title TRUSTEE  
Name BUFORD, WILLIE J  
Address 2752 HIGH RIDGE PLACE  
City-State-Zip: LAKELAND FL 33812

*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: JACQUELIN D. BROWN**

**BUSINESS  
ADMINISTRATOR**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date