2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 704506

1. Entity Name
NORMANDY PARK BAPTIST CHURCH INCORPORATED

Principal Place of Business	Mailing Address
7050 NORMANDY BLVD JACKSONVILLE, FL 32205-6206	7050 NORMANDY BLVD JACKSONVILLE, FL 32205-6206

02102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0992480
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TIDWELL, JOSEPH P
6945 CHERBOURG AVE N
JACKSONVILLE, FL 32205

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000125692
04/23/04-80001-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TIDWELL, JOSEPH P
STREET ADDRESS	6945 CHERBOURG AVE N
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	V
NAME	HUDSON, R
STREET ADDRESS	10428 CRYSTAL SPGS RD
CITY-ST-ZIP	JAX, FL 32221
TITLE	D
NAME	KING, DAVID
STREET ADDRESS	1433 PAULK LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	SD
NAME	ALLEN, JOEL H
STREET ADDRESS	1082 CHANDLER OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	D
NAME	KIMBALL, GARY
STREET ADDRESS	1230 MCGIRTS CREEK DR. E.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 like empowered.

SIGNATURE: Joel H. Allen Joel H. Allen (Treasurer) 04-21-04 904-781-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #