

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 015 ****70.00

DOCUMENT # 704506 1. Entity Name NORMANDY PARK BAPTIST CHURCH INCORPORATED					
Principal Place of Business 7050 NORMANDY BLVD JACKSONVILLE, FL 32205-6206				Mailing Address 7050 NORMANDY BLVD JACKSONVILLE, FL 32205-6206	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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			7. Name and Address of New Registered Agent Name Joel Allen Street Address (P.O. Box Number is Not Acceptable) 1082 Chandler Oaks Dr. City Jacksonville FL Zip Code 32221		
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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIDWELL, JOSEPH P ☒ Delete 6945 CHERBOURG AVE N JACKSONVILLE, FL 00000,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Joel Allen ☐ Change ☒ Addition 1082 Chandler Oaks Dr. Jacksonville, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete HUDSON, R 10428 CRYSTAL SPGS RD JAX, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete KING, DAVID 1433 PAULK LANE JACKSONVILLE, FL 32220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. King, David ☒ Change ☐ Addition 1433 PAULK LANE JACKSONVILLE, FL 32220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Delete ALLEN, JOEL H 1082 CHANDLER OAKS DR. JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Rogen Goobee ☐ Change ☒ Addition 2338 Barlow Dr. JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete KIMBALL, GARY 1230 MCGIRTS CREEK DR. E. JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03-15-05 Date Daytime Phone #		