2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704506

FILED Jan 08, 2008 Secretary of State

Entity Name: NORMANDY PARK BAPTIST CHURCH INCORPORATED

Current Principal Place of Business: 7050 NORMANDY BLVD JACKSONVILLE, FL 322056206				New Principal Place of Business:	
Current Mailing Address:				New Mailing Address:	
7050 NORMANDY BLVD JACKSONVILLE, FL 322056206					
FEI Number:	59-0992480	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ALLEN, JOEL 1082 CHANDLER OAKS DR JACKSONVILLE, FL 32221 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
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	V () HUDSON, R 10428 CRYSTA JAX, FL 32221			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () KING, DAVID 1433 PAULK LA JACKSONVILLI			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () GODBEE, ROG 2338 BARLAD JACKSONVILLI	DR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	KIMBALL, GAR	CREEK DR. E.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () ALLEN, JOEL H 1082 CHANDLE JACKSONVILLI	ER OAKS DR		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAULA F. POPLIN SEC. 01/08/2008