

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753847

**FILED**  
**Apr 25, 2004**  
**Secretary of State**

**Entity Name:** DUNNS CREEK BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1425 STARRATT ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1425 STARRATT ROAD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 59-1367512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NEWMAN ROBERT S  
15430 CAPE DR N  
JACKSONVILLE, FL 32218      US

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

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:**

Title: PD      ( ) Delete  
Name: NEWMAN ROBERT S,  
Address: 15430 CAPE DR N  
City-St-Zip: JACKSONVILLE, FL

Title: SD      ( ) Delete  
Name: OWENS, JOYCE  
Address: 3101 STARRATT RD  
City-St-Zip: JACKSONVILLE, FL

Title: T      ( ) Delete  
Name: BAEZ, HERB  
Address: 17028 EAGLE BEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOYCE OWENS

SD

04/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date