


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90260 028 \*\*\*\*61.25

<b>DOCUMENT # 757545</b> 1. Entity Name <b>Longbranch Missionary Baptist Church, Inc.</b>					
Principal Place of Business <b>% CUYLE E WILKINSON, JR</b> <b>5500 LONG BRANCH CEMETERY ROAD</b> <b>JACKSONVILLE, FL 32234</b>			Mailing Address <b>% CUYLE E WILKINSON, JR</b> <b>5500 LONG BRANCH CEMETERY ROAD</b> <b>JACKSONVILLE, FL 32234</b>		
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 <b>59-2186318</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STARLING, HENRY JR</b> <b>13970 NORMANDY BLVD</b> <b>JACKSONVILLE, FL 32234</b>				Name <b>Barry Wilkinson</b> Street Address (P.O. Box Number is Not Acceptable) <b>8731 Maxville Blvd</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32234</b>	
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 <b>Barry Wilkinson</b> <b>Barry Wilkinson Chairman</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>				<b>1/31/04</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MOSLEY, EARL</b> <b>15715 NORMANDY BLVD.</b> <b>BALDWIN, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Barry Wilkinson</b> <b>8731 Maxville Blvd</b> <b>Jacksonville, FL 32234</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDT</b> <b>STARLING, HENRY L.</b> <b>13950 NORMANDY BLVD</b> <b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lawrence Wroten</b> <b>5781 Long Branch Cemetery Rd</b> <b>Jacksonville, FL 32234</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JERKINS, DONALD N</b> <b>18301 MAX-MIDDLEBURG RD</b> <b>JACKSONVILLE, FL 32234</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tim Watson</b> <b>5724 Long Branch Cemetery Rd</b> <b>Jacksonville, FL 32234</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KENNERLY, GEORGE</b> <b>379 MCCLELLAND RD</b> <b>JACKSONVILLE, FL 32234</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: Barry Wilkinson</b> <b>Barry Wilkinson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1/31/04</b> <b>904 289-9945</b> <small>Date Daytime Phone #</small>	