

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90203 009 ****61.25

DOCUMENT # 757545 1. Entity Name Longbranch Missionary Baptist Church, Inc.					
Principal Place of Business % CUYLE E WILKINSON, JR 5500 LONG BRANCH CEMETERY ROAD JACKSONVILLE, FL 32234			Mailing Address % CUYLE E WILKINSON, JR 5500 LONG BRANCH CEMETERY ROAD JACKSONVILLE, FL 32234		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04242006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-2186318				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILKINSON, BARRY 8731 MAXVILLE BLVD. JACKSONVILLE, FL 32234			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKINSON, BARRY		NAME		
STREET ADDRESS	8731 MAXVILLE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE	VDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WROTEN, LAWRENCE		NAME		
STREET ADDRESS	5781 LONG BRANCH CEMETERY RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, TIM		NAME		
STREET ADDRESS	5724 LONG BRANCH CEMETERY RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barry N. Wilkinson</u> Barry N. Wilkinson <u>4/26/06</u> <u>(904) 289-9945</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					