


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90050 040 ****61.25

DOCUMENT # 758217		
1. Entity Name BLACK CREEK BAPTIST ASSOCIATION, INC.		

Principal Place of Business C/O GREG WRIGLEY 384 LOGAN AVENUE ORANGE PARK FL 32065 US	Mailing Address C/O GREG WRIGLEY 384 LOGAN AVENUE ORANGE PARK FL 32065 US
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent WRIGLEY, GREG 384 LOGAN AVENUE ORANGE PARK FL 32065	
---	--

4. FEI Number 59-1995366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, KEN <input checked="" type="checkbox"/> Delete 739 SANDLEWOOD DR. ORANGE PARK FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTER, LINDA <input type="checkbox"/> Delete 1711 CHAFFEE RD S JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLOYD, ALAN <input type="checkbox"/> Delete 2645 BLANDING BLVD. MIDDLEBURG FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hunt, Charlie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3644 Old Jennings Rd. Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Floyd, Alan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2645 Blanding Blvd Middleburg, FL 32068
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"/> Change <input type="checkbox"/> Addition
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.	
SIGNATURE: <i>Linda Carter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Linda Carter</i> 4-5-04 904-272-1707 Date Daytime Phone #