


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

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760847**

1. Entity Name  
**FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA INC.**



Principal Place of Business <b>124 WEST ASHLEY STREET          JACKSONVILLE, FL 32202</b>	Mailing Address <b>124 WEST ASHLEY STREET          JACKSONVILLE, FL 32202</b>
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-0823939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, MARSHALL  
 SUITE 620, 233 E. BAY STREET  
 JACKSONVILLE, FL 32202**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR INGOLDSBY, JAMES H 505 LANCASTER ST #9 A-B JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR STIMLER, THOMAS J 3765 SOUTHERN HILLS DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR DAVIS, MARSHALL D 4130 MCGIRTS BLVD. JACKSONVILLE, FL 322104362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR HARRISON, RANDY 2300 BARTRAM ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR SWAIN, WILLIAM R 3713 TIMUCUA TRAIL JACKSONVILLE, FL 322772251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR BLOUNT, JOHN O. 6264 RIVIERA LANE JACKSONVILLE, FL 322162532

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 01/09/04-80029-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Thomas J. Stimler / Thomas J. Stimler 1/7/04 (904) 366-1221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #