


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 019 ****61.25

DOCUMENT # N06000010570

1. Entity Name
HIGHPOINT COMMUNITY CHURCH OF ORANGE PARK, INC.



Principal Place of Business
**1542 KINGSLEY AVE STE 136
 ORANGE PARK, FL 32073**

Mailing Address
**1542 KINGSLEY AVE STE 136
 ORANGE PARK, FL 32073**

2. Principal Place of Business - No P.O. Box #
84 Knight Boxx Rd.

3. Mailing Address
84 Knight Boxx Rd.


Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip
32065

Country
USA



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0606121

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STYRON, JEFFREY W
 1542 KINGSLEY AVE STE 136
 ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
84 Knight Boxx Rd.

City **Orange Park** FL Zip Code **32065**

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: *Jeffrey W. Styron* **JEFFREY W. STYRON** 1/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D STYRON, JEFFREY W 1542 KINGSLEY AVE STE 136 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 84 Knight Boxx Rd. Orange Park, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANYON, LESLIE F 1542 KINGSLEY AVE STE 136 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 84 Knight Boxx Rd. Orange Park, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAILEY, MICHAEL 1542 KINGSLEY AVE STE 136 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 84 Knight Boxx Rd. Orange Park, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO, LISA R 1542 KINGSLEY AVE STE 136 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 84 Knight Boxx Rd. Orange Park, FL 32065
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 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: *J. Michael Hailey* **J. Michael Hailey** 1/28/08 904-272-7949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #