


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000000247**  
1. Entity Name  
SUMMERVILLE BAPTIST CHURCH, INC.



Principal Place of Business  
2842 MARS AVENUE  
JACKSONVILLE, FL 32206

Mailing Address  
2842 MARS AVENUE  
JACKSONVILLE, FL 32206

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3501812

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CANTY, EULA  
2835 MARS AVE.  
JACKSONVILLE, FL 32206

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D HENRY, JAMES 3132 MARLAND STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, ALBERT 8039 ARBLE DRIVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, EDDIE 6233 PETTIFORD DRIVE E JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, WILLIE 535 GOLFAIR BLVD. JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTY, EULA 2835 MARS AVENUE JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, JOYCE 11762 MALLARD LANE JACKSONVILLE, FL 32206

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IN THIS SPACE**

UC0360, 07478  
01/27/05-00012-016 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)(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: James W. Henry **JAMES W. HENRY** 1-22-05 904 3565254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #