


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90010 042 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3501812	
				Applied For <input type="checkbox"/> 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		
CANTY, EULA 2835 MARS AVE. JACKSONVILLE, FL 32206			Name <i>James W. Henry</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>3132 MARLAND Street</i>		
			City <i>JACKSONVILLE</i> FL Zip Code <i>32209</i>		
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 <i>James W. Henry</i>		SIGNATURE <i>James W. Henry</i>		DATE <i>2-11-06</i>	
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRY, JAMES	NAME			
STREET ADDRESS	3132 MARLAND STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILCOX, ALBERT	NAME			
STREET ADDRESS	8039 ARBLE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, EDDIE	NAME			
STREET ADDRESS	6233 PETTIFORD DRIVE E	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSH, WILLIE	NAME	<i>Robert Westbrook</i>		
STREET ADDRESS	535 GOLFAIR BLVD.	STREET ADDRESS	<i>8611 LANTANA AVE</i>		
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	<i>JACKSONVILLE, FL 32209</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CANTY, EULA	NAME	<i>SHAWANDA C. HENRY</i>		
STREET ADDRESS	2835 MARS AVENUE	STREET ADDRESS	<i>1034 CHERRY POINT WAY</i>		
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	<i>JACKSONVILLE, FL 32218</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HUNTER, JOYCE	NAME	<i>FRANK Williams</i>		
STREET ADDRESS	11762 MALLARD LANE	STREET ADDRESS	<i>4375 CONFEDERATE POINT</i>		
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	<i>JACKSONVILLE, FL 32210</i>		
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: <i>James W. Henry</i>		SIGNATURE <i>James W. Henry</i>		DATE <i>2-11-06</i> (904) 356-5254	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

