


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90032 043 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3501812 Applied For 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		
HENRY, JAMES W 3132 MARLAND ST. JACKSONVILLE, FL 32209			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Addition		
NAME	WILCOX, ALBERT	NAME	Joyce Hunter		
STREET ADDRESS	8039 ARBLE DRIVE	STREET ADDRESS	11962 MATILARD LANE		
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	JACKSONVILLE FL 32218		
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESTBROOK, ROBERT	NAME			
STREET ADDRESS	2611 LANTANA AVE	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	HENRY, SHAWANDA C	NAME			
STREET ADDRESS	1034 CHERRY POINT WAY	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, FRANK	NAME			
STREET ADDRESS	4375 CONFEDERATE POINT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP			
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>			Date: 1-21-07 (904) 356-5254		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		