


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



01062004 No Chg-NP CR2E037 (10/03)

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

**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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #