

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700958

Entity Name: FLORIDA BAPTIST FOUNDATION**Current Principal Place of Business:**1320 HENDRICKS AVE.
JACKSONVILLE, FL 32207-8619**Current Mailing Address:**1320 HENDRICKS AVE.
JACKSONVILLE, FL 32207-8619 US**FEI Number:** 59-0696288**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCLELLAND, EDDIE
1320 HENDRICKS AVE.
JACKSONVILLE, FL 32207-8619 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SCOTT, ALLISON
Address 1043 PINEVIEW CIRCLE
City-State-Zip: LIVE OAK FL 32064

Title EDT
Name MCCLELLAND, EDDIE L
Address 1320 HENDRICKS AVENUE
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name MCNEIL, HAROLD
Address 3689 RUSTIC LANE
City-State-Zip: JACKSONVILLE FL 32217

Title D
Name BRAY, BOB
Address 20175 KINDERKEMAC AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

Title D
Name HODGES, PERRY W. JR.
Address 1401 E. BROWARD BLVD
SUITE 300
City-State-Zip: FT LAUDERDALE FL 33301

Title D
Name BOZARD, JOHN W
Address 2527 PERSHING OAKS PLACE
City-State-Zip: ORLANDO FL 32806

Title D
Name ANDERSON, LINDA
Address 9526 WATERFORD ROAD
City-State-Zip: JACKSONVILLE FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDDIE MCCLELLAND**PRESIDENT****03/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date