### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 760847** 

Entity Name: FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA INC.

FILED Feb 03, 2020 Secretary of State 6115209317CC

# **Current Principal Place of Business:**

124 WEST ASHLEY STREET JACKSONVILLE, FL 32202

## **Current Mailing Address:**

124 WEST ASHLEY STREET JACKSONVILLE, FL 32202

FEI Number: 59-0823939 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HOSKINS, COTY 124 W ASHLEY STREET JACKSONVILLE, FL 32202 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: COTY HOSKINS 02/03/2020

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	EXECUTIVE PASTOR	Title	TREASURER
Name	HOSKINS, COTY	Name	HOWARD, RICK

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title ASST. TREASURER Title TRUSTEE

Name BROWNLIE, ED Name BRISTOWE, DAVE

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET

City-State-Zip: JACKSONVILLE FL 32202

City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE Title PRESIDENT

Name COLLINS, JOE Name DAVIDSON, TERRY

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET

City-State-Zip: JACKSONVILLE FL 32202

City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY Title VF

Name MORGAN, JONATHAN Name HOLMES, LOCKWOOD

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

### Continues on page 2

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: COTY HOSKINS EXECUTIVE PASTOR 02/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title ASST. SECRETARY Title TRUSTEE

Name JONES, RYAN Name HARRISON, RANDY

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE Title ASST. TREASURER

Name PICERNO, RICK Name LUKE, DAVID

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET

City-State-Zip: JACKSONVILLE FL 32202

City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE Title TRUSTEE

Name STALLARD, RILEY Name VAUGHN, JOEY

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET

City-State-Zip: JACKSONVILLE FL 32202

City-State-Zip: JACKSONVILLE FL 32202

Title SR. PASTOR Title ASST. TREASURER

NameLAMBERT, HEATH DR.NameCOLEMAN, TODDAddress124 WEST ASHLEY STREETAddress124 W ASHLEY ST

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202