

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760847

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**0178587021CC**

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

**Current Principal Place of Business:**

125 WEST ASHLEY STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

125 WEST ASHLEY STREET  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-0823939

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOSKINS, COTY  
125 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

01/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE PASTOR  
Name HOSKINS, COTY  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN  
Name COLEMAN, TODD  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title VC  
Name PICERNO, RICK  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title SR. PASTOR  
Name LAMBERT, HEATH DR.  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title ASST. TREASURER  
Name BLANCHETTE, BRENT  
Address 125 WEST ASHLEY ST  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY  
Name SHADDOCK, ERIC  
Address 125 WEST ASHLEY ST  
City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE  
Name PECNIK, JOHN  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title ASST. SECRETARY  
Name BIRCHWOOD, BENSON  
Address 125 WEST ASHLEY STREET  
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 A HOSKINS

EXECUTIVE PASTOR

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name DAVIDSON, TERRY  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE  
Name LABARBERA, JASON  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name HOWARD, RICK  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE  
Name HOLMES, LOCKWOOD  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE  
Name STARK, SANDY  
Address 125 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202