

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42829

**Entity Name:** FLORIDA BAPTIST FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1320 HENDRICKS AVE  
SUITE 2  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1320 HENDRICKS AVE  
SUITE 2  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3063682

**Certificate of Status Desired:** Yes

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

MCCLELLAND, EDDIE L  
1320 HENDRICKS AVE.  
JACKSONVILLE, FL 32207 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 RICE, DAVID P.  
Address 148 BARTRAM PARKE DRIVE  
City-State-Zip: JACKSONVILLE FL 32259

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

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

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

*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

**EXECUTIVE DIRECTOR**

**02/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date