

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90193 024 ****61.25

DOCUMENT # 701593

1. Entity Name
BELFORT ROAD BAPTIST CHURCH, INC.



Principal Place of Business
**2950 BELFORT ROAD
JACKSONVILLE, FL 32216**

Mailing Address
**P.O. BOX 47275
JACKSONVILLE, FL 32247-7275**



01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2925841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLAZS, JULIUS J
6098 WAKULLA SPRINGS RD
JACKSONVILLE, FL 32258**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BLAZS, JULIUS J**
STREET ADDRESS **6098 WAKULLA SPRINGS RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **D** ☐ Delete
NAME **BLAZS, JEANNIE W**
STREET ADDRESS **6098 WAKULLA SPRINGS RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **D** ☐ Delete
NAME **MAXWELL, FRED**
STREET ADDRESS **1830 DEWEY PLACE**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **SD** ☐ Delete
NAME **MCLEAN, REBA**
STREET ADDRESS **3534 BUCKHEAD ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Delete
NAME **HILL, BETTY**
STREET ADDRESS **5448 LORI DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Delete
NAME **MAXWELL, MILDRED**
STREET ADDRESS **1830 DEWEY PLACE**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Add
NAME **ROBERT E. HILL**
STREET ADDRESS **5448 LORI DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

Julius J. Blazs

JULIUS J. BLAZS

4-24-06