

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 702778**

1. Entity Name

IMMANUEL BAPTIST CHURCH, INC.



Principal Place of Business

7268 EXLINE RD.  
JACKSONVILLE FL 32222  
US

Mailing Address

7268 EXLINE RD.  
JACKSONVILLE FL 32222  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2588635

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, C. J.  
8608 THOMAS TRAILS  
BRYCEVILLE FL 32009

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	THOMAS, C. J.	
STREET ADDRESS	8608 THOMAS TRAILS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOSLEY, W. E., JR.	
STREET ADDRESS	6918 JAMES BRITT RD	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOON, BILLY L.	
STREET ADDRESS	6017 ROOSEVELT BLVD APT 114	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOSLEY, FRANCES B.	
STREET ADDRESS	6918 JAMES BRITT RD	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000240088	
CITY-ST-ZIP	02/23/05-80016-019 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Frances B. Mosley (FRANCES B. MOSLEY)* *3/20/05* *904-259-2451*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #