

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90074 041 \*\*\*\*61.25

**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 (10/05)

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**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 PD ☐ Delete  
NAME THOMAS, C. J.  
STREET ADDRESS 8608 THOMAS TRAILS  
CITY-ST-ZIP BRYCEVILLE FL 32009

TITLE VD ☐ Delete  
NAME MOSLEY, W. E., JR.  
STREET ADDRESS 6918 JAMES BRITT RD  
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE TD ☐ Delete  
NAME MOON, BILLY L.  
STREET ADDRESS 6017 ROOSEVELT BLVD APT 114  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE S ☐ Delete  
NAME MOSLEY, FRANCES B.  
STREET ADDRESS 6918 JAMES BRITT RD  
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5033 KNIGHTS BRIDGE  
CITY-ST-ZIP ORANGE PARK, FL. 32043

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

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

TITLE ☐ Change ☐ Addition  
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 Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Frances B. Mosley* (FRANCES B. MOSLEY) 1/20/06 904-259-2451