

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 706424**

1. Entity Name  
SPRINGHILL BAPTIST CHURCH, INC.



Principal Place of Business  
941017 OLD NASSAUVILLE RD  
FERNANDINA BEACH, FL 32034-9721

Mailing Address  
941017 OLD NASSAUVILLE RD  
FERNANDINA BEACH, FL 32034-9721

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2039130

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCINTYRE, ROBERT  
220 OTTER RUN  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TR
NAME	MCINTYRE, ROBERT
STREET ADDRESS	220 OTTER RUN
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	TR
NAME	GUEST, JOHN B
STREET ADDRESS	4184 RIVER MARSH BEND
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	TR
NAME	LINDSEY, CARL SR
STREET ADDRESS	1499 KAREN WALK
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	TR
NAME	BENNETT, DONALD F SR
STREET ADDRESS	87758 HAVEN RD
CITY-ST-ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000954272  
07/11/08-80006-010 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-08

Date

904491-3688

Daytime Phone #