

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90031 029 ****61.25

DOCUMENT # 708388

1. Entity Name

THE HYDE PARK BAPTIST CHURCH OF JACKSONVILLE,
INC.



Principal Place of Business

2000 LANE AVENUE SOUTH
JACKSONVILLE FL 32210

Mailing Address

2000 LANE AVENUE SOUTH
JACKSONVILLE FL 32210

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1000844

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

MCCOLSKEY, JAMES G
1634 SHEFFIELD PL
ORANGE PARK FL 32073

Robert G. (Buddy) Holmes
5712 Knollwood Drive
Jacksonville, FL 32244

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 signatures required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 | VP | <input type="checkbox"/> Delete |
| NAME | HOLMES, ROBERT G | |
| STREET ADDRESS | 5712 KNOLLWOOD DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | DORSEY, EDWARD B | |
| STREET ADDRESS | 7105 HYDE GROVE AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | PS | <input checked="" type="checkbox"/> Delete |
| NAME | MCCLOSKEY, JAMES C | |
| STREET ADDRESS | 1634 SHEFFIELD PL | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thelma Ponsler, VP | |
| STREET ADDRESS | 2644 Algonquin Avenue | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cary McColskey, S. | |
| STREET ADDRESS | 4326 Palmer Ave., Jacksonville, FL 32210 | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone #