

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708587

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** TRUSTEE CORPORATION OF THE FAITH MEMORIAL BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

6731 RAMONA BOULEVARD  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

6731 RAMONA BOULEVARD  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 59-1103591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRABTREE, ROSALYN B  
6731 RAMONA BOULEVARD  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHELLEY, JOE  
Address: 1183 BATTLE COVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: S  
Name: FORLINES, DOUG  
Address: 7767 PINNACLE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: T  
Name: CRABTREE, JOSEPH P  
Address: 10107 SANDLER PRSV CT  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D  
Name: REID, HAROLD E  
Address: 3768 BRAMBLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSEPH P. CRABTREE

TREA

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date