

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90051 035 ****61.25

DOCUMENT # 708640
1. Entity Name
WEST JACKSONVILLE BAPTIST CHURCH, INC.



Principal Place of Business: **5634 NORMANDY BLVD JACKSONVILLE FL 32205**
Mailing Address: **5634 NORMANDY BLVD JACKSONVILLE FL 32205**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-0911199**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KELLEY, RODNEY L
1073 FOUNTAIN RD
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent
Name: **Kelley, Rodney L.**
Street Address (P.O. Box Number is Not Acceptable): **2917 Turning Leaf Lane**
Jacksonville, FL 32221
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	P	<input type="checkbox"/> Delete
NAME	KELLEY, RODNEY L	
STREET ADDRESS	1073 FOUNTAIN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	W.W. MEEKS	
STREET ADDRESS	7776 EBRMA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAPP, TOMMY	
STREET ADDRESS	8245 OLD PLANK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE	
STREET ADDRESS	7748 STILLWELL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley, Rodney L.	
STREET ADDRESS	2917 Turning Leaf Lane	
CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meeks, W. W.	
STREET ADDRESS	7770 Burma Road	
CITY-ST-ZIP	Jacksonville, FL 32221	
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: Rodney L. Kelley *Rodney L. Kelley* **1/31/04** **904-781-4321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #