


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 709448	
1. Entity Name GREATER MT. SALEM BAPTIST CHURCH, INCORPORATED, OF JACKSONVILLE, FLORIDA	

Principal Place of Business 2335 MONCRIEF ROAD JACKSONVILLE, FL 32209	Mailing Address 2335 MONCRIEF ROAD JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



04032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0132408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BANK, CHARLES E
1836 W. 23RD ST.
JACKSONVILLE, FL 32209

**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: *Charles E Bank* DATE: *4-3-05*

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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANK, CHARLES E 1836 WEST 23RD ST. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, MICHAEL 3142 MELL CT JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, SYLVIA 2658 SANDRA LANE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000303191
04/13/05-80101-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Charles E Bank* DATE: *4-3-05* DAYTIME PHONE: *904-765-0449*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR