

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 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



03052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2007	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		<p>U000000707151 04/24/07-80063-009 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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		

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: *Rev Charles E Bank* **3/18/07** **904-765-0417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #