


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

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

Principal Place of Business <b>2335 MONCRIEF ROAD JACKSONVILLE, FL 32209</b>	Mailing Address <b>2335 MONCRIEF ROAD JACKSONVILLE, FL 32209</b>
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-NP CR2E037 (4/06)

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

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000873735 04/10/08-80089-028 61.25</b>
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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	

**DO NOT WRITE  
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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 **3-25-08 (904) 356-775-9**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #