

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90349 045 \*\*\*\*61.25

**DOCUMENT # 709595**

1. Entity Name  
COLLEGE PARK BAPTIST CHURCH, INC. OF PALATKA,  
FLORIDA



Principal Place of Business  
COLLEGE PARK BAPTIST CHURCH  
3435 CRILL AVE  
PALATKA, FL 32177-9150 US

Mailing Address  
COLLEGE PARK BAPTIST CHURCH  
3435 CRILL AVE  
PALATKA, FL 32177-9150 US



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2336847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JOHNSON, JACOB Q  
4129 SILVER LAKE DR  
PALATKA, FL 32177

**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

*Jacob H. Johnson*

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

*1/18/06*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FULGHUM, ELMER JR.
STREET ADDRESS	105 PEAVINE CT
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	BURNETT, FRED
STREET ADDRESS	110 CABLE CT, PO BOX 487
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	MOWERY, SAM
STREET ADDRESS	117 PINETREE TR
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	TR
NAME	JOHNSON, JACOB
STREET ADDRESS	4129 SILVERLAKE DR
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jacob H. Johnson* *Jacob H. Johnson*

*4/12/06* *386-328-2184*

Date

Daytime Phone #