## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#715663** 

FILED Feb 22, 2007 Secretary of State

Entity Name: YULEE BAPTIST CHURCH, INCORPORATED, OF YULEE, NASSAU COUNTY, FLORIDA

**Current Principal Place of Business: New Principal Place of Business:** YULEE BAPTIST CHURCH 85971 HARTS ROAD YULEE, FL 32097 **Current Mailing Address: New Mailing Address:** YULEE BAPTIST CHURCH PO BOX 486 YULEE, FL 32041 FEI Number: 59-1955248 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOUTHEASTERN BANK OF FL SOUTHEASTERN BANK OF FL 1376 E STATE 200 463128 STATE ROAD 200 YULEE, FL 32097 US YULEE, FL 32097 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. SIGNATURE: 02/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LUCIO, HELEN Name: Name: 97493 PIRATES POINT ROAD Address: Address: City-St-Zip: YULEE, FL 32097 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: TUCKER, JAMES M Name: Address: 85301 RADIO ROAD Address: City-St-Zip: YULEE, FL 32097 US City-St-Zip: Title: () Delete Title: () Change () Addition GERELD, MCCOMB Name: Name: 2442 PIRATES BAY DR Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GAINES, ROBERT M Name: 85657 LANA ROAD Address: Address: City-St-Zip: YULEE, FL 32097 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. GAINES D 02/22/2007