

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 719564

1. Entity Name

HOLY BIBLE BAPTIST CHURCH OF JACKSONVILLE,
INC.



FILED
Feb 17, 2004 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
11249 EMUNESS RD 11249 EMUNESS RD
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1614506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNAPP, WEBSTER K
1609 LONDON AVE
JACKSONVILLE FL 32307

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME SNAPP, WEBSTER K ☐ Delete
STREET ADDRESS 1609 LONDON AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME MINTON, LARY JOE ☐ Delete
STREET ADDRESS 780 PERMENTO AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME MINTON, PHILLIPS S ☐ Delete
STREET ADDRESS 11334 AVERY DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME MINTON, JOHNNY ☐ Delete
STREET ADDRESS 11271 EMUNESS RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000054744
CITY-ST-ZIP 02/17/04-80008-023 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Webster K Snapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04
Date

904.396-4685
Daytime Phone #