

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # 719564

1. Entity Name
HOLY BIBLE BAPTIST CHURCH OF JACKSONVILLE, INC.



Principal Place of Business
**11249 EMUNESS RD
JACKSONVILLE, FL 32218**

Mailing Address
**11249 EMUNESS RD
JACKSONVILLE, FL 32218**



02122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1614506

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**SNAPP, WEBSTER K
1609 LONDON AVE
JACKSONVILLE, FL 32307**

**DO NOT WRITE
IN THIS SPACE**

9. 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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNAPP, WEBSTER K 1609 LONDON AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, LARY JOE 780 PERMENTO AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, PHILLIPS S 11334 AVERY DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, JOHHNY 11271 EMUNESS RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 H. Snapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-2005

Date

904-396-9605

Daytime Phone #

WEBSTER H. SNAPP