

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90152 019 \*\*\*\*61.25

<b>DOCUMENT # 725481</b> 1. Entity Name <b>HENDRICKS AVENUE BAPTIST CHURCH</b>					
Principal Place of Business <b>4001 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US</b>			Mailing Address <b>4001 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-0711173</b>				Applied For <input type="checkbox"/> 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  <b>MEYERS, KENNETH J 8975 SAN RAE RD. JACKSONVILLE, FL 32257</b>			7. Name and Address of New Registered Agent Name <b>Carole Fauss</b> Street Address (P.O. Box Number is Not Acceptable) <b>2470 Castellon Dr. N.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32217</b>		
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 <u><i>Carole Fauss</i></u> <b>Carole Fauss Corporate Secretary</b> <b>4-5-05</b> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GREEN, HUGH</b> <b>3939 CORDOVA AVE</b> <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CARTER, ANN</b> <b>1122 MIRAMAR AVE</b> <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FINDLEY, VICKY</b> <b>9484 BEAUCLERC COVE LN</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AP</b> <b>MEYERS, KENNETH J</b> <b>8975 SAN RAE RD</b> <b>JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>FAUSS, CAROLE C</b> <b>2470 CASTELLON DR. NO</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>O'NEAL, DOUGLAS T</b> <b>6730 EPPING FOREST WAY N. VILLA 104</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>Carole Fauss</i></u> <b>4/6/05</b> <b>3967745</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**20029933**



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