

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90410 025 ****61.25

DOCUMENT # 725481

1. Entity Name
HENDRICKS AVENUE BAPTIST CHURCH



Principal Place of Business
**4001 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US**

Mailing Address
**4001 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US**

50008576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0711173

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

**FAUSS, CAROLE
2470 CASTELLON DR. N.
JACKSONVILLE, FL 32217**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GREEN, HUGH**
STREET ADDRESS **3939 CORDOVA AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **John A. Mitchell, III**
STREET ADDRESS **4444 Cathys Club Lane**
CITY-ST-ZIP **Jacksonville, FL**

TITLE **D** ☒ Delete
NAME **CARTER, ANN**
STREET ADDRESS **1122 MIRAMAR AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Dawson McQuarig**
STREET ADDRESS **4462 Swilcan Bridge Lane South**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **D** ☒ Delete
NAME **FINDLEY, VICKY**
STREET ADDRESS **9484 BEAUCLERC COVE LN**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☐ Change ☒ Addition
NAME **Alan Cooper**
STREET ADDRESS **11136 River Creek Drive East**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **S** ☐ Delete
NAME **FAUSS, CAROLE C**
STREET ADDRESS **2470 CASTELLON DR. NO**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

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

TITLE **T** ☒ Delete
NAME **O'NEAL, DOUGLAS T**
STREET ADDRESS **6730 EPPING FOREST WAY N. VILLA 104**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **T** ☐ Change ☒ Addition
NAME **Marcella Lowe**
STREET ADDRESS **1405 Carlotta Road West**
CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Carole C Fauss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06
Date

9043967745
Daytime Phone #