

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726056

FILED  
Apr 03, 2006  
Secretary of State

**Entity Name:** ARLINGTON BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

6009 ARLINGTON RD.  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

6009 ARLINGTON RD.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 59-0803199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIMMS, JOE  
13584 LOBO CT.  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEWTON, JOSEPH R  
Address: 3047 CAPTIVA BLUFF RD. N  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD ( ) Delete  
Name: BATTLE, WAYNE  
Address: 6175 RAINTREE RD.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete  
Name: HOLLAND, BONNIE  
Address: 7569 TRAILS END  
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD ( ) Delete  
Name: ALLEN, CHARLES  
Address: 1927 SPRINKLE DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: MIMMS, JOE  
Address: 13584 LOBO CT.  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ADAMS, WAYNE  
Address: 4713 MARINER POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: RICKS, HAROLD  
Address: 6932 LENCZYK DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LISA NORMAN

FA

04/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date