

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90217 019 \*\*\*\*61.25

**DOCUMENT # 729465**

1. Entity Name  
**NEW LIFE BAPTIST CHURCH OF NASSAU COUNTY, INC.**



Principal Place of Business  
**464069 SR 200  
YULEE, FL 32097 US**

Mailing Address  
**464069 SR 200  
YULEE, FL 32097 US**



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1812802**

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

**BLANKENSHIP, TRUMAN L III  
1837 RADDIN RD  
YULEE, FL 32097**

Name **Blankenship, Truman L. III**

Street Address (P.O. Box Number is Not Acceptable)  
**96100 CESSNA DR**

City **Yulee**

FL

Zip Code  
**32097**

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

*Truman L. Blankenship III*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-04-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP MOUGHTON, ROBERT 96725 BLACKROCK RD YULEE, FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINSON, ROBERT W 86676 MISTER DR YULEE, FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, DANNY 3679 CREWS CREEK RD YULEE, FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANKENSHIP, TRUMAN L III 96100 CESSNA DRIVE YULEE, FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Truman L. Blankenship III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-04-07**

**904-261-7841**

Date

Daytime Phone #

ATTACHMENT

60001558

# 729465

11/15/06

To All Vendors:

Effective immediately, Nassau Baptist Ministries and Nassau Baptist Temple have officially been renamed to New Life Baptist Church. Some correspondence from our offices may still have references to Nassau Baptist Temple while we are using the rest of our pre-printed material. All billing and general inquiries should use the contact information below.

New Life Baptist Church  
464069 SR 200  
Yulee, FL 32097

Office – 904.261.4818  
Fax – 904.261.2349  
[nbtemail@adelphia.net](mailto:nbtemail@adelphia.net)