

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90053 003 ****61.25

DOCUMENT # 729772

1. Entity Name

**TRUSTEE CORPORATION OF THE HUNTER PARK
MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business

**4448 EMERSON STREET
JACKSONVILLE FL 32207-4917**

Mailing Address

**4448 EMERSON STREET
JACKSONVILLE FL 32207-4917**

40018061



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2295599

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOWD, JAMES
3433 TAYLOR ST
JACKSONVILLE FL 32207**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **DP** ☐ Delete
NAME **DOWD, JAMES**
STREET ADDRESS **3433 TAYLOR STREET**
CITY-ST-ZIP **JAX FL 32207**

TITLE **T** ☐ Delete
NAME **LAMBERT, DALE H**
STREET ADDRESS **3752 CACTUS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **T** ☐ Delete
NAME **LAMBERT, JAMES**
STREET ADDRESS **3752 CACTUS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ Delete
NAME **DOWD, JOANN**
STREET ADDRESS **3433 TAYLOR ST**
CITY-ST-ZIP **JAX FL 32207**

TITLE **T** ☒ Delete
NAME **WARD, JOFFRON**
STREET ADDRESS **2425 UNA DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **T** ☒ Delete
NAME **BERDLOVE, MARK**
STREET ADDRESS **2825 ADELE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **TAY PERPES**
STREET ADDRESS **3668 CHINA ST.**
CITY-ST-ZIP **JAX. FLA. 32207**

TITLE ☒ Change ☐ Addition
NAME **HERBERT SMITH**
STREET ADDRESS **2241 LEON RD.**
CITY-ST-ZIP **JAX. FLA. 32246**

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.

SIGNATURE:

James Dowd

JAMES DOWD

2-3-05

396-7933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #