

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 014 ****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

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2295599

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

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, 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	DP	<input type="checkbox"/> Delete
NAME	DOWD, JAMES	
STREET ADDRESS	3433 TAYLOR STREET	
CITY-STATE-ZIP	JAX FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMBERT, DALE H	
STREET ADDRESS	3752 CACTUS LANE	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREEDLOVE, MARK	
STREET ADDRESS	2825 ADELE RD	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWD, JOANN	
STREET ADDRESS	3433 TAYLOR ST	
CITY-STATE-ZIP	JAX FL 32207	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEEPLES, JAY	
STREET ADDRESS	3668 CALLA ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, HERBERT	
STREET ADDRESS	2241 LEON RD	
CITY-STATE-ZIP	JACKSONVILLE FL 32246	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meyers, William	
STREET ADDRESS	2639 Emily Lane	
CITY-STATE-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *DALE H LAMBERT* **DALE H. LAMBERT** 2-7-7 904-396-6806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #