

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 732709 1. Entity Name WESCONNETT BAPTIST CHURCH, INC.					
Principal Place of Business 5711 WESCONNETT BLVD. JACKSONVILLE FL 32244		Mailing Address 5711 WESCONNETT BLVD. JACKSONVILLE FL 32244			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FET Number 59-6032801	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent NICHOLS, FRANK 5915 BLACKTHORN ROAD JACKSONVILLE FL 32244	
7. Name and Address of New Registered Agent 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 reappointing)					
FILE NOW: 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, FRANK 5915 BLACKTHORN ROAD JACKSONVILLE FL 32244 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEBORDE, THOMAS 7563 WALDEN ROAD EAST JACKSONVILLE FL 32244 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOHN E 6030 LYNWOOD AVE JACKSONVILLE FL 32210 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADLEY, MARY 6117 WESCONNETT BLVD JACKSONVILLE FL 32244 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, HERBERT S 5442 MARCIA CIRCLE JACKSONVILLE FL 32210 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUMGARDNER, JOSEPH 8515 TRAMBLAY DRIVE SOUTH JACKSONVILLE FL 32210 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

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.