

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 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**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6032801

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLS, FRANK
5915 BLACKTHORN ROAD
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, FRANK 5915 BLACKTHORN ROAD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEBORDE, THOMAS 7563 WALDEN ROAD EAST JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAXER, JOHNNY Dihel, Randy 6000 WYWOOD AVE 5400 Collins Rd., #101 JACKSONVILLE, FL 32210 Jax, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADLEY, MARY 6117 WESCONNETT BLVD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, HERBERT S 5442 MARCIA CIRCLE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUMGARDNER, JOSEPH 8515 TRAMBLY DRIVE SOUTH JACKSONVILLE, FL 32210

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02/14/07-80022-024 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2007

Date

904-771-6068

Daytime Phone #