


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90017 038 \*\*\*\*61.25

<b>DOCUMENT # 733497</b> 1. Entity Name <b>NORTHVIEW BAPTIST CHURCH OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>422 NEW BERLIN RD. JACKSONVILLE, FL 32218</b>			Mailing Address <b>422 NEW BERLIN RD. JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number <b>59-0917269</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MONK, BROOKS REV. 422 NEW BERLIN RD. JACKSONVILLE, FL 32218</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, ROBERT <input checked="" type="checkbox"/> Delete 11274 EMUNESS RD JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GODWIN, RONALD <input type="checkbox"/> Delete 12575 CAMDEN ROAD JACKSONVILLE, FL 32218				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COLE, MIKE <input type="checkbox"/> Delete 922 JEWEL THOMAS RD CALLAHAN, FL 32011				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERTS, DONALD <input type="checkbox"/> Delete 2725 LEONID ROAD JACKSONVILLE, FL 32218				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REV. BROOKS MONK <input type="checkbox"/> Delete 2004 LANDWOOD ST JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOVER, DWAYNE <input type="checkbox"/> Delete 16026 RED BASS DR. JACKSONVILLE, FL 32226				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Thornton, W.C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4850 Parete Circle N. Jacksonville FL 32218				
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.					
<b>SIGNATURE:</b> <u>Brooks Monk</u> <u>BROOKS MONK</u> <u>8/4/04</u> <u>904-757-3222</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**54069513**



08042004 Chg-NP CR2E037 (10/03)



*Attachment*  
*54069573*  
**Division of Corporations**

Receipt

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