

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 734962

1. Entity Name
MURRAY HILL BAPTIST CHURCH



Principal Place of Business
**4300 POST STREET
JACKSONVILLE, FL 32205-2299**

Mailing Address
**4300 POST STREET
JACKSONVILLE, FL 32205-2299**



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0737892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RHODES, MARGARET S
4300 POST STREET
JACKSONVILLE, FL 32205**

**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

Margaret S. Rhodes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 6, 2006
DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000483474
04/11/06-80123-008 61.25**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MORGAN, JOHN C
STREET ADDRESS	10727 FALL CREEK DRIVE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	P
NAME	AXTELL, DOUG
STREET ADDRESS	1824 VISTA LAKES DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	T
NAME	HARGNETT, KEVIN
STREET ADDRESS	691 CHERRY GROVE ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	S
NAME	REDD, BETTY
STREET ADDRESS	2442 CAPTAIN COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	OAKES, BEVERLY
STREET ADDRESS	5614 LAMOYA AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	COBB, DAVID
STREET ADDRESS	4837 ORTEGA FOREST DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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:

Doug Axtell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 6, 2006
Date

904-388-8531
Daytime Phone #