

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738199

FILED
Feb 16, 2006
Secretary of State

Entity Name: NORTH JACKSONVILLE BAPTIST CHURCH, INC.

Current Principal Place of Business:

8531 N. MAIN STREET
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

8531 N. MAIN STREET
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-0818920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORAM, CHRIS A.
8531 NORTH MAIN STREET
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, JOHN F
Address: 1218 GLENN DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: VINSON, JACK P
Address: 45131 AMERICAN DREAM DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: VD () Delete
Name: HURST, HAROLD R
Address: 1201 EAGLE BEND COURT
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD () Delete
Name: MCGARTLIN, ARVEL S
Address: 9404 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SWANDA, JAMES A
Address: 12406 BRIGHTON BAY LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS A. CORAM

RA

02/16/2006

Electronic Signature of Signing Officer or Director

Date