

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90016 013 \*\*\*\*61.25

**DOCUMENT # 739196**

1. Entity Name

COLONIAL BAPTIST CHURCH, INCORPORATED



Principal Place of Business -

2955 ORANGE PICKERS RD  
JACKSONVILLE FL 32223  
US

Mailing Address

2955 ORANGE PICKERS RD  
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, MIRIAM  
2817 GLEN MAWR ROAD  
JACKSONVILLE FL 32207

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.

*N/A*  
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

*Miriam Ferguson*  
(NOTE: Registered Agent signature required when reinstating)

*04-15-04*  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME BURTRAM, JERRY  
STREET ADDRESS 11870 REMSEN ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition  
NAME *TRUSTEE/DEACON*  
STREET ADDRESS *CHARLES WINTON*  
CITY-ST-ZIP *11646 YALOWING DRIVE*  
*JACKSONVILLE FL 32223*

TITLE TD ☐ Delete  
NAME FERGUSON, MIRIAM  
STREET ADDRESS 2817 GLEN MANOR ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TALOR, ED  
STREET ADDRESS 1404 RIVERGATE DR.  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *PASTOR*  
STREET ADDRESS *RICHARD ARNOLD*  
CITY-ST-ZIP *13055 FRINGETREE DR E*  
*JACKSONVILLE FL 32246*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:** *Miriam Ferguson* *MIRIAM FERGUSON* *04/15/04* *904-398-2972*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #