

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90029 011 ****70.00

DOCUMENT # 746618

1. Entity Name

GRAND PARK MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

2619 WEST 30TH STREET
JACKSONVILLE FL 32209

Mailing Address

2619 WEST 30TH STREET
JACKSONVILLE FL 32209

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1860866

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

2nd MOORE

CR2E037 (4/07)



6. Name and Address of Current Registered Agent

RICHARDSON, CLYDE
1679 MCMILLIAN ST
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

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

TITLE CD ☐ Delete
NAME WRIGHT, RUTH
STREET ADDRESS 3143 MARLO ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ Delete
NAME WRIGHT, LONNIE, REV
STREET ADDRESS 3143 MARLO STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ Delete
NAME RICHARDSON, CLYDE
STREET ADDRESS 1679 MCMILLAN ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ Delete
NAME *Wp*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VD ☐ Change ☒ Addition
NAME *WRIGHT LONNIE, II*
STREET ADDRESS *3143 MARLO ST*
CITY-ST-ZIP *JACKSONVILLE FL 32209*

TITLE ☐ Change ☐ Addition
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 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:

Lannie G. Wright Sr

8/1/07

904-355-1593