

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90200 044 ****61.25

DOCUMENT # 758217

1. Entity Name

BLACK CREEK BAPTIST ASSOCIATION, INC.



Principal Place of Business

C/O GREG WRIGLEY
384 LOGAN AVENUE
ORANGE PARK FL 32065
US

Mailing Address

C/O GREG WRIGLEY
384 LOGAN AVENUE
ORANGE PARK FL 32065
US

40033401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1995366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGLEY, GREG
384 LOGAN AVENUE
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name

Butler, Joseph M.

Street Address (P.O. Box Number is Not Acceptable)

384 LOGAN AVE.

City

ORANGE PARK

FL

Zip Code

32065

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

Joseph M. Butler

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 May 1, 2006

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 PD ☒ Delete
NAME HUNT, CHARLIE
STREET ADDRESS 3644 OLD JENNING RD
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ST ☐ Delete
NAME CARTER, LINDA
STREET ADDRESS 1711 CHAFFEE RD S
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ Delete
NAME GRANT, TROY
STREET ADDRESS 2674 HENLEY RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
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 PD ☒ Change ☐ Addition
NAME GRANT, TROY
STREET ADDRESS 2674 Henley Rd.
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE VP ☐ Change ☒ Addition
NAME RAY, Jeff
STREET ADDRESS 2506 Jones Rd
CITY-ST-ZIP Jacksonville, FL 32220

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 Section 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:

Linda Carter

4-4-06

904-272-1707