

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768696

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** FRUIT COVE BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

501 STATE RD.13  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

501 STATE RD.13  
JACKSONVILLE, FL 32259 US

**Current Mailing Address:**

501 STATE RD.13  
JACKSONVILLE, FL 32259

**New Mailing Address:**

501 STATE RD.13  
JACKSONVILLE, FL 32259 US

**FEI Number:** 59-2294252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAYNARD TIMOTHY DR  
501 STATE RD 13  
JACKSONVILLE, FL 32259 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  
Name: MAYNARD, TIMOTHY  
Address: 2417 HAWKCREST DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: TD  
Name: LANCE, HEMMER  
Address: 708 BEARBERRY COURT  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: SD  
Name: VAN ZANT, BRENDA  
Address: 320 STONEHURST PARKWAY  
City-St-Zip: ST AUGUSTINE, FL 32092 US

I hereby 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 all other like empowered.

SIGNATURE: TIM MAYNARD

PD

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date