

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

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90053 039 ****61.25

DOCUMENT # *N0000000 1467*

1. Entity Name

First Thessalonians Baptist Church



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2020 W. 45th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 12057

Suite, Apt. #, etc.

40116961

CR2E037B (8/05)

City & State

Jacksonville, Fla.

City & State

Jacksonville, Fla.

4. FEI Number

59-3620827

Applied For

Not Applicable

Zip

32209

Country

Duval

Zip

32209

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Reynolds Paul

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

7442 Impala Ln.

City

Jacksonville

FL

Zip Code

32244

**DO NOT WRITE
IN THIS SPACE**

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

Paul Reynolds

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended AR**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*Reynolds, Paul Pastor (D)
7442 Impala Ln.
Jacksonville, Fla 32244*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Mack, Phillis (S)
9809 Spottswood Rd.
Jacksonville, Fla. 32208*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Bryant Jane S. (EOT)
1759 Cavalcade Ct.
Jacksonville, Fla. 32218*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Martha Reynolds (T)
7442 Impala Ln.
Jacksonville, Fla 32244*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Keith Wright (T)
4356 Spottswood Rd.
Jacksonville, Fla. 32209*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Reynolds