


FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90400 023 ****70.00

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000003322					
1. Entity Name NORTH HILLIARD BAPTIST CHURCH, INC.					
Principal Place of Business U.S. 1 NORTH ACROSS FROM MURHEE RD. HILLIARD, FL 32046			Mailing Address P.O. BOX 308 HILLIARD, FL 32046		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3015245	
				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, CONNIE L 108 KRISTI CIRCLE HILLIARD, FL 32046				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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANZANT, FLOYD		NAME	Smith, Robert	
STREET ADDRESS	7668 W CR 108		STREET ADDRESS	P.O. Box 44	
CITY-ST-ZIP	HILLIARD, FL 32046		CITY-ST-ZIP	Hilliard, FL 32046	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, CONNIE L		NAME	Swineheart, Adam	
STREET ADDRESS	108 KRISTI CIRCLE		STREET ADDRESS	241753 CR. 121	
CITY-ST-ZIP	HILLIARD, FL 32046		CITY-ST-ZIP	Hilliard, FL 32046	
TITLE	CT	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, KATHERINE		NAME	Delle, Mike	
STREET ADDRESS	5008 KAREN ST		STREET ADDRESS	54180 Point South. dr.	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	Callahan, FL	
TITLE	CTreasurer	<input type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlene Phipps		NAME	Cornelius, Bennie	
STREET ADDRESS	12306 Desoto St.		STREET ADDRESS	176 El Terrace St	
CITY-ST-ZIP	JAX. FL 32218		CITY-ST-ZIP	Homeland, Ga 31537	
TITLE	Trustee	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delle, Mike		NAME	Phipps, Charlene	
STREET ADDRESS	54180 Point South. dr.		STREET ADDRESS	12306 Desoto St	
CITY-ST-ZIP	Callahan, FL		CITY-ST-ZIP	JAX. FL 32218	
TITLE	Trustee	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cornelius, Bennie		NAME		
STREET ADDRESS	176 El Terrace St.		STREET ADDRESS		
CITY-ST-ZIP	Homeland, Ga 31537		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: <i>Charlene Phipps</i>			4-14-5 751-0028		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		