

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

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90146 028 ****61.25

DOCUMENT # N00000003322

1. Entity Name

NORTH HILLIARD BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

U.S. 1 NORTH ACROSS FROM MURHEE RD.
HILLIARD FL 32046

P.O. BOX 308
HILLIARD FL 32046

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

59-3015245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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 ☐ Delete
NAME SMITH, ROBERT
STREET ADDRESS P O BOX 44
CITY- ST- ZIP HILLIARD FL 32046

TITLE ☐ Delete
NAME DEKLE, MIKE
STREET ADDRESS 54180 POINT S DR
CITY- ST- ZIP CALLAHAN FL 32034

TITLE ☐ Delete
NAME BENNIE, CORNELIUS
STREET ADDRESS 176 EL TERR ST
CITY- ST- ZIP HOMELAND FL 31537

TITLE ☐ Delete
NAME PHIPPS, CHARLENE
STREET ADDRESS 12306 DESOTO ST
CITY- ST- ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME Gary Stewart
STREET ADDRESS 74122~~th~~ Murphree Rd
CITY- ST- ZIP Hilliard, FL 32046

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

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NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charlene Phipps

3/11/07

904-751-0028