


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90402 035 \*\*\*\*61.25

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01132008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3015245				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME	T SMITH, ROBERT	<input type="checkbox"/> Delete	TITLE NAME	Scharhag, Ken	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P O BOX 44		STREET ADDRESS	309 So. 15TH ST.	
CITY-ST-ZIP	HILLIARD, FL 32046		CITY-ST-ZIP	Fernandina, Beach, FL 32034	
TITLE NAME	T DEKLE, MIKE	<input type="checkbox"/> Delete	TITLE NAME	Emery, Judy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	54180 POINT S DR		STREET ADDRESS	54361 Church Rd	
CITY-ST-ZIP	CALLAHAN, FL 32034		CITY-ST-ZIP	Callahan, FL 32011	
TITLE NAME	T BENNIE, CORNELIUS	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	176 EL TERR ST		STREET ADDRESS		
CITY-ST-ZIP	HOMELAND, FL 31537		CITY-ST-ZIP		
TITLE NAME	T PHIPPS, CHARLENE	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12306 DESOTO ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		
TITLE NAME	R STEWART, GARY	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	27412219 MURRHEE RD		STREET ADDRESS		
CITY-ST-ZIP	HILLIARD, FL 32046		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Connie L. Johnson</u>			4-23-08		904.845-3535
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>