## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

## **DOCUMENT # N00000004488**

Principal Place of Business

1. Entity Name BLESSED FAITH MISSIONARY BAPTIST CHURCH, INC.



**FILED** Aug 07, 2006 8:00 am Secretary of State

08-07-2006 90041 040 \*\*\*\*70.00

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7941 NEVAL JACKSONVILL	DA STREET LE, FL 32220	7941 NEVADA STREET JACKSONVILLE, FL 322	941 NEVADA STREET ACKSONVILLE, FL 32220			50024411				
2. Principal P	face of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E0	037 (4/06)		
City & State C		City & State	City & State		4. FEI Number 59-3336	<del></del>			oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desire		\$8.75 Add	Sitional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered /	Agent		
ROBINSON, NICOLE 576 JAMES WILSON CIRCLE ORANGE PARK, FL 32073			Name	A -14	0 A D. II	P. Al-A #	64-3			
			Street Address (		P.O. Box Number	IS NOT ACCOPTE	(DIG)			
			City				FL	Zip Cod	le .	
	named entity submits this statement for	the purpose of changing its i	registered office	or register	ed agent, or both.	, in the State of	Florida. I am i	familiar with,	and accept	
SIGNATURE.	Mulle	1				2	07-30	1-06		
SIGNATURE.	Cigraida, lyped or printed neares of registered agents	and this if applicable. (NOTE:	: Plugisilelad Ageril sign	centraces estudia	when reinstating)		DATE			
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be		Make check payable to Florida Department of State			
D	ue by September 6, 2006	7.331, 3,12	Greibogori.	_	Added to Fees	1 '	iorion pepu	anent of 3	tinto	
10.	OFFICERS AND DIF	· ·	11.		ADDITIONS/CHAI					
10. TITLE	OFFICERS AND DIF	· ·	11.							
10. TITLE	OFFICERS AND DIF FM ROBINSON, NICOLE	RECTORS	11. TITLE NAME					RECTORS IN	10	
10. TITLE	OFFICERS AND DIF	RECTORS	11.					RECTORS IN	10	
10. Title NAME Street accress	OFFICERS AND DIF FM ROBINSON, NICOLE 576 JAMES WILSON CIRCLE	RECTORS	11. TITLE NAME STREET ACCIVESS					RECTORS IN	10	
TITLE NAME STREET ACCIVESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF FM ROBINSON, NICOLE 576 JAMES WILSON CIRCLE ORANGE PARK, FL 32073 D FULLWOOD, JAMES	Delete	11. TITLE NAME STREET ACCIVESS CITY-ST-ZIP TITLE NAME	D FULL	ADDITIONS/CHAI	NGES TO OFFI		RECTORS IN	i 10 ☐ Addition	
10. TITLE NAME STREET ACCIDESS CITY-ST-ZIP TITLE NAME STREET ACCIDESS	OFFICERS AND DIF FM ROBINSON, NICOLE 576 JAMES WILSON CIRCLE ORANGE PARK, FL 32073 D FULLWOOD, JAMES 480 BRENTWOOD LANE APT #2	Delete	11. TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS	D FULL 6262	ADDITIONS/CHAI WOOD, JAMES SAINT CLAIR S'	UGES TO OFFI		RECTORS IN	i 10 ☐ Addition	
10. TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP	OFFICERS AND DIF FM ROBINSON, NICOLE 576 JAMES WILSON CIRCLE ORANGE PARK, FL 32073 D FULLWOOD, JAMES 480 BRENTWOOD LANE APT #2 ORANGE PARK, FL 32073	Delete	11. TITLE NAME STREET ACCIRESS CITY-ST-ZIP TITLE NAME STREET ACCIRESS CITY-ST-ZIP	D FULL 6262 S JACK	ADDITIONS/CHAI	UGES TO OFFI		Change	Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

904-210-8114