

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00205	
1. Entity Name HEDGES BAPTIST CHURCH HOLDING COMPANY, INC.	

Principal Place of Business 85050 SUTTON PLACE YULEE FL 32097	Mailing Address P O BOX 515 YULEE FL 32041-0515 US
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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

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3410177		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWERS, JOYCE 96698 CHESTER ROAD YULEE FL 32097		7. Name and Address of New Registered Agent 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 registering) DATE

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TS	NAME HALTER, BARRY L	TITLE	NAME
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS 622 BIRD RD		STREET ADDRESS	
CITY- ST- ZIP JACKSONVILLE FL 32218		CITY- ST- ZIP	
TITLE TP	NAME GURLEY, MARION G	TITLE	NAME
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS 85360 HADDOCK ROAD		STREET ADDRESS	
CITY- ST- ZIP YULEE FL 32907		CITY- ST- ZIP	
TITLE TV	NAME CARTER, THOMAS K	TITLE	NAME
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS 86374 PEEPLES ROAD		STREET ADDRESS	
CITY- ST- ZIP YULEE FL 32097		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
☐ Delete		☐ Change ☐ 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 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: Barry L. Halter Barry L. Halter 4-09-2008 904-757-7475