

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

DOCUMENT # N0100000137

1. Entity Name  
FRANKLIN STREET BAPTIST CHURCH, INC.



Principal Place of Business  
2521 FRANKLIN ST  
JACKSONVILLE, FL 32206

Mailing Address  
2521 FRANKLIN ST  
JACKSONVILLE, FL 32206

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90147 031 \*\*\*\*70.00



04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3714642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

GORE, TERRY R  
2521 FRANKLIN ST  
JACKSONVILLE, FL 32206

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GORE, TERRY R 2521 FRANKLIN STREET JACKSONVILLE, FL 32206
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSST CLAYTON, VERA 12841 GILLESPIE AVE JACKSONVILLE, FL 32218
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD TOUCHTON, WANDA 5201 ATLANTIC BLVD., #54 JACKSONVILLE, FL 32207
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #