


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

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90037 045 ****61.25

DOCUMENT # N01000003027	
1. Entity Name NEW BERLIN ROAD BAPTIST CHURCH, INC.	

Principal Place of Business 2351 NEW BERLIN RD JACKSONVILLE FL 32218	Mailing Address 2351 NEW BERLIN RD JACKSONVILLE FL 32218
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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 (10/06)

6. Name and Address of Current Registered Agent MINTON, DEBBIE 11334 AVERY DR JACKSONVILLE FL 32218		7. Name and Address of New Registered Agent Name <u>JON B. DAVIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>14674 STARRATT CREEK</u> City <u>JACKSONVILLE</u> <u>FL</u> Zip Code <u>32226</u>	
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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] DATE 4-2-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MINTON, DEBBIE 11334 AVERY DR JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARGARET JOHNSON 5751 MILMAR DR N JACKSONVILLE FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, JON 14674 STARRATT CREEK JACKSONVILLE FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, JON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STODDARD, ROY 13928 CRESTWICK DR E JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOM ALLEN 7343 WILDER AVE JACKSONVILLE FL 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] JON B. DAVIS 4-2-07 904 751-6411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #