

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90079 027 ****61.25

DOCUMENT # N01000007029

1. Entity Name
JAMES STREET BAPTIST CHURCH, INC.



Principal Place of Business
**6658 JAMES STREET
MILTON, FL 32570**

Mailing Address
**P.O. BOX 833
MILTON, FL 32570**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 833

City & State
Milton, FL

Zip
32572

Country
USA

01242007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3752106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EBERHART, MARY
5875 BYROM ST
MILTON, FL 32570**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **HILL, CLIFFORD**
STREET ADDRESS **6395 BAY OAKS DR**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **T** ☒ Delete
NAME **LAUDERDALE, BARBARA**
STREET ADDRESS **103 ALICE ST**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **T** ☒ Delete
NAME **TATES, ANTONIO L**
STREET ADDRESS **6412 SELLERS DRIVE**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **T** ☐ Delete
NAME **WALKER, SANDRA**
STREET ADDRESS **6480 WILLOW TREE COURT**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **T** ☐ Delete
NAME **BREWTON, ALFRED**
STREET ADDRESS **6033 BRECKENRIDGE DRIVE**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **F** ☒ Delete
NAME **GILMORE, WARREN**
STREET ADDRESS **105 CLARA ST**
CITY-ST-ZIP **MILTON, FL 32570**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition
NAME **Hill, Clifford**
STREET ADDRESS **6395 Bay Oaks Drive**
CITY-ST-ZIP **Milton, FL 32583**

TITLE **T** ☒ Change ☐ Addition
NAME **Lauderdale, Barbara**
STREET ADDRESS **6786 Alice Street**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **T** ☒ Change ☐ Addition
NAME **Bates, Antonio L**
STREET ADDRESS **1878 Bay Oaks Circle**
CITY-ST-ZIP **Milton, FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Gilmore, Rev. Warren**
STREET ADDRESS **5166 Dr. MLK Drive**
CITY-ST-ZIP **Milton, FL 32570**

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 #

1-25-07