

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005370

1. Entity Name
COMMUNITY BAPTIST CHURCH OF YULEE FL, INC.



Principal Place of Business
**85326 WINONA BAYVIEW RD
YULEE, FL 32097**

Mailing Address
**600 BAYVIEW RD.
P.O. BOX 519
YULEE, FL 32041**



01182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1436629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENTON, NORMAN W SR.
85561 HADDOCK RD
YULEE, FL 32097**

**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 \$81.25
Due by May 1, 2005**

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
**T
COONER, MARVIN
600 BAYVIEW RD. P.O. BOX 519
YULEE, FL 32041**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BENTON, NORMAN W SR.
600 BAYVIEW RD. P.O. BOX 519
YULEE, FL 32041**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMITH, MILBY
600 BAYVIEW RD. P.O. BOX 519
YULEE, FL 32041**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TAYLOR, LINDA
600 BAYVIEW RD. P.O. BOX 519
YULEE, FL 32041**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STELLMACH, WAYNE
85326 WINONA BAYVIEW RD
YULEE, FL 32097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WARREN, JOHN
85326 WINONA BAYVIEW RD
YULEE, FL 32097**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Norman W Benton Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05 *904-225-0769*
Date Daytime Phone #