


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005370		
1. Entity Name COMMUNITY BAPTIST CHURCH OF YULEE FL, INC.		
Principal Place of Business 85326 WYNONIA BAYVIEW RD YULEE, FL 32097	Mailing Address 600 BAYVIEW RD. P.O. BOX 519 YULEE, FL 32041	



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 37-1436629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D DEBOYD, JIMMY P.O. BOX 931 YULEE, FL 32091
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000814456
02/13/08-80045-004 61.25

**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: Norman W. Benton Sr. 1/30/08 904-225-0769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #