

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 032 ****70.00

DOCUMENT # N02566 1. Entity Name HOSANNA BAPTIST CHURCH, INC.					
Principal Place of Business 7800 RAMONA BLVD. JACKSONVILLE, FL 32221 US			Mailing Address P.O. BOX 6832 JACKSONVILLE, FL 32236-6832 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2347706	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POSTON, LORI L 7800 RAMONA BLVD JACKSONVILLE, FL 32221				Name Lori L. Geiger Street Address (P.O. Box Number is Not Acceptable) 7800 Ramona Blvd W. City Jacksonville FL Zip Code 32221	
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 <i>Lori L Geiger</i> <small>Signature: typed or printed name of registered agent and title, if applicable.</small>				DATE 6-30-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 8, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Ronald Rauch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFORDS, RON		NAME	8427 Collins Rd	
STREET ADDRESS	10,727-1 NORMANDY BLVD		STREET ADDRESS	Jacksonville, FL 32244	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVE, JOHN		NAME		
STREET ADDRESS	10,124 PLANK LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32220		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROARK, RICHARD		NAME		
STREET ADDRESS	7657 JIMMY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	Crews, Richard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, RICHARD		NAME	5976 Lawsonia Links Dr. West	
STREET ADDRESS	9700 VILLIERS DR. NORTH		STREET ADDRESS	Jacksonville, FL 32222	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 the empowered.					
SIGNATURE: <i>Lori L Geiger</i> Lori L. Geiger 6/30/04 693-3535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					