

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000163

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** WEST ST. MARK BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1435 WEST STATE STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1435 WEST STATE STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 89-0585488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, WILLIE  
1435 WEST STATE STREET  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JONES, WILLIE REV.  
Address: 1435 EAST 23RD STREET CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: COLLINS, OSCAR C  
Address: 429 EAST 3RD STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: CDB ( ) Delete  
Name: NATHEN, WILLIE  
Address: 4143 RIBAUT RIVER LN.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: COLEMAN, ROSE M  
Address: 3230 COMMONWEALTH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: CTB ( ) Delete  
Name: JONES, ARTHUR  
Address: 9534 EVESHAN RD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: CDBE ( ) Delete  
Name: PORTER, WILLIE J  
Address: 3594 LISTON RD  
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR JONES

CTB

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date