2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008978

1. Entity Name
TWIN SPRINGS MISSIONARY BAPTIST CHURCH OF JACKSONVILLE FLORIDA, INC.

Principal Place of Business	Mailing Address
1830 WEST 45TH STREET JACKSONVILLE, FL 32209	P O BOX 12010 JACKSONVILLE, FL 32209

01072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
30-0210616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, CHARLES G REV.
2127 DERRINGER CIRCLE EAST
JACKSONVILLE, FL 32225

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SKINNER, CHARLES G REV.
STREET ADDRESS	2127 DERRINGER CIRCLE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	C
NAME	GAMBLE, EVELYN SIS.
STREET ADDRESS	7024 ALAN AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	C
NAME	HAMILTON, ED DEACON
STREET ADDRESS	1750 POWHATTAN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	KIMBROUGH, LEMUIEL JR.
STREET ADDRESS	3905 STUART STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	WOOTSON, NATHANIEL
STREET ADDRESS	240 W. 45TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	GAMBLE, LARRY
STREET ADDRESS	7024 ALAN AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32208

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01/11/05-80037-006 70.00

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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: Charles G Skinner, PASTOR 1-9-05 904-994-5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #