


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N04616	
1. Entity Name BAYMEADOWS COMMUNITY CHURCH, INC.	

Principal Place of Business 4900 BAYMEADOWS ROAD JACKSONVILLE, FL 32217 US	Mailing Address 4900 BAYMEADOWS ROAD JACKSONVILLE, FL 32217 US
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1719410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCOTT, DAN
4900 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217

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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: *Susan D. Hyde* DATE: 5/7/05

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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, JAY 3539 BARBIZON CT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITI, THELMA 9061 MOORGATE CT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYDE, SUSAN D. 11665 STARFISH AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, DAN 39 BELMONT BLVD ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OLSEN, KENNETH A SR 3029 BRIDGEVIEW DR JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/05-80001-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Susan D. Hyde* DATE: 5/7/05 DAYTIME PHONE #: 904-691-3904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR