

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90026 047 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1719410

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, DAN
4900 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SCHMIDT, JAY**
STREET ADDRESS **3539 BARBIZON CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☐ Delete
NAME **MERRITT, THELMA**
STREET ADDRESS **9061 MOORGATE CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **T** ☐ Delete
NAME **HYDE, SUSAN D.**
STREET ADDRESS **11665 STARFISH AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **P** ☐ Delete
NAME **SCOTT, DAN**
STREET ADDRESS **39 BELMONT BLVD**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **C** ☐ Delete
NAME **OLSEN, KENNETH A SR**
STREET ADDRESS **3029 BRIDGEVIEW DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **SCHMEDZ, WAYNE**
STREET ADDRESS **5039 LINCOLNSHIRE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SUSAN D. HYDE

1/25/06

904 641 3904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #