

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04616

FILED  
Mar 28, 2009  
Secretary of State

**Entity Name:** BAYMEADOWS COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

4900 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

4900 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

**FEI Number:** 59-1719410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, DAN  
4900 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217 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: SCHMEDZ, WAYNE  
Address: 5039 LINCOLN SHIRE RD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T ( ) Delete  
Name: HYDE, SUSAN D.  
Address: 11665 STARFISH AVENUE  
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete  
Name: SCOTT, DAN  
Address: 39 BELMONT BLVD  
City-St-Zip: ORANGE PARK, FL 32073

Title: C ( ) Delete  
Name: OLSEN, KENNETH A SR  
Address: 3029 BRIDGEVIEW DR  
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: D (X) Change ( ) Addition  
Name: SCHMELZ, WAYNE  
Address: 5039 LINCOLN SHIRE RD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T (X) Change ( ) Addition  
Name: HYDE, SUSAN D  
Address: 11665 STARFISH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32246

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 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:** DAN SCOTT

P

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date