


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05093**  
 1. Entity Name  
**DUVAL STATION BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
 P.O. BOX 26070      P.O. BOX 26070  
 JACKSONVILLE, FL 32218 US      JACKSONVILLE, FL 32218 US

**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-2363864</b>	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**YOUNG, ROBERT**  
**15408 YELLOW BLUFF ROAD**  
**JACKSONVILLE, FL 32226**

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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 NAME STREET ADDRESS CITY-ST-ZIP	VPT EMORY, JENRETTE C SR 12526 SAPP RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGS, LINDA D 13503 YELLOW BLUFF RD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HIGGS, JAMES RAYMOND 13503 YELLOW BLUFF RD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS YOUNG, ROBERT L 15408 YELLOW BLUFF ROAD JACKSONVILLE, FL 32226
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 04/20/05-80071-012 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)(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:  **Treasurer**      **April 18, 2005**      **904-751-4967**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Linda D. Higgs