


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 A
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



05082006 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-2363864 Not Applicable

5. Certificate of Status Desired \$8.75 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 \$81.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | VPT |
| NAME | EMORY, JENRETTE C SR |
| STREET ADDRESS | 12526 SAPP RD |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | T |
| NAME | HIGGS, LINDA D |
| STREET ADDRESS | 13503 YELLOW BLUFF RD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32226 |
| TITLE | PT |
| NAME | HIGGS, JAMES RAYMOND |
| STREET ADDRESS | 13503 YELLOW BLUIFF ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32226 |
| TITLE | TS |
| NAME | YOUNG, ROBERT L |
| STREET ADDRESS | 15408 YELLOW BLUFF ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32226 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: Linda D. Higgs Linda D. Higgs 5/8/06 904-751-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #