

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05556

**FILED**  
**May 12, 2011**  
**Secretary of State**

**Entity Name:** BILTMORE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3525 NORMAN E. THAGARD BLVD.  
C/O NORMAN MCCLOUD  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

3525 NORMAN E. THAGARD BLVD.  
C/O NORMAN MCCLOUD  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** 59-1878851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLOUD, NORMAN  
6420 OLD MIDDLEBURG ROAD  
JACKSONVILLE, FL 32222 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  
Name: PATTERSON, JAMES  
Address: 3381 SUNNYBROOK AVENUE S  
City-St-Zip: JACKSONVILLE, FL

Title: DP  
Name: MCCLOUD, NORMAN  
Address: 6420 OLD MIDDLEBURG RD.  
City-St-Zip: JACKSONVILLE, FL

Title: DVPT  
Name: CREWS, JAMES  
Address: 2847 W. 5TH ST.  
City-St-Zip: JACKSONVILLE, FL

Title: DS  
Name: SIMPSON, FAYE  
Address: 8130 COLVILLE RD.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D  
Name: VICKERS, TIMOTHY K  
Address: 1590 HOPE VALLEY ROAD  
City-St-Zip: JACKSONVILLE, FL

I hereby 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 all other like empowered.

SIGNATURE: NORMAN MCCLOUD

DP

05/12/2011

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

\_\_\_\_\_  
Date