


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90266 048 \*\*\*\*61.25

<b>DOCUMENT # N07528</b> 1. Entity Name <b>HECKSCHER DRIVE SOUTHERN BAPTIST CHURCH, INC.</b>																																																																																															
Principal Place of Business <b>6650 HECKSCHER DRIVE JACKSONVILLE, FL 32226</b>			Mailing Address <b>6650 HECKSCHER DRIVE JACKSONVILLE, FL 32226</b>																																																																																												
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																													
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-2171277</b>																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																											
6. Name and Address of Current Registered Agent  <b>RENN, GREG 7234 RAMOTH DR JACKSONVILLE, FL 32226</b>				7. Name and Address of New Registered Agent Name <b>Billy Powers</b> Street Address (P.O. Box Number is Not Acceptable) <b>6726 Ramoth Dr</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32226</b>																																																																																											
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-18-07</b> <small>(NOTE: Registered Agent Signature required when reinstating)</small>																																																																																											
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
<b>Make check payable to Florida Department of State</b>																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>STEWART, DIANA</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>10100 HECHSCHER DR JACKSONVILLE, FL 32226</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>BROCK, LINDSEY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>6532 HECKSCHER DR JACKSONVILLE, FL 32226</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>POWERS, BILLY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>6726 RAMOTH DR JACKSONVILLE, FL 32226</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>RENN, GREG</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>7234 RAMOTH DR JACKSONVILLE, FL 32226</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MCINNIS, DWIGHT</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>9028 HECHSCHER DR JACKSONVILLE, FL 32226</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>LIFKA, CHRIS</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>15220 LANDMARK CIR NORTH JACKSONVILLE, FL 32226</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>STEWART, DIANA</b>		CITY-ST-ZIP	<b>10100 HECHSCHER DR JACKSONVILLE, FL 32226</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>BROCK, LINDSEY</b>		CITY-ST-ZIP	<b>6532 HECKSCHER DR JACKSONVILLE, FL 32226</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>POWERS, BILLY</b>		CITY-ST-ZIP	<b>6726 RAMOTH DR JACKSONVILLE, FL 32226</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>RENN, GREG</b>		CITY-ST-ZIP	<b>7234 RAMOTH DR JACKSONVILLE, FL 32226</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>MCINNIS, DWIGHT</b>		CITY-ST-ZIP	<b>9028 HECHSCHER DR JACKSONVILLE, FL 32226</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>LIFKA, CHRIS</b>		CITY-ST-ZIP	<b>15220 LANDMARK CIR NORTH JACKSONVILLE, FL 32226</b>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4-18-07</b> DAYTIME PHONE <b>251-3461</b>																																																																																											