

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90006 033 ****61.25

DOCUMENT #

1. Entity Name

NO 8740



DO NOT WRITE IN THIS SPACE

BAPTIST CHURCH

94034568

2. Principal Place of Business HARMONY SEPARATE Suite, Apt. #, etc. 3850 EMERON ST City & State JACKSONVILLE, FL		3. Mailing Address 3850 EMERON ST Suite, Apt. #, etc. City & State JACKSONVILLE, FL	
Zip 32207	Country DUVAL	Zip FL	Country DUVAL

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MARY CUTLER Street Address (P.O. Box Number is Not Acceptable) 2887 LENNOX AVE City JACKSONVILLE FL Zip Code 32254		

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

Mary Cutler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-04

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY CUTLER 2887 LENNOX AVE JACKSONVILLE, FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A HORACE COSTNER 2737 LANSLOWNE DR. JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUANITA COSTNER 2737 LANSLOWNE DR. JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	K KATHY CUTLER 2887 LENNOX AVE JACKSONVILLE, FL 32254	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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Cutler

3-17-04

CR2E037B (12/02)