

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N11189

1. Entity Name
**HICKORY GROVE FIRST SOUTHERN BAPTIST CHURCH,
INC.**



Principal Place of Business

**311 OAKRIDGE AVE
GREEN COVE SPRINGS, FL 32043**

Mailing Address

**% DALE S WILSON
P. O. BOX 1808
GREEN COVE SPRINGS, FL 32043-8808**



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1274185

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, DALE S
718 N ORANGE AVE
GREEN COVE SPRINGS, FL**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEEPLES, EDDIE
STREET ADDRESS	5038 SPRINGBANK RD
CITY-ST-ZIP	GREEN COVE SPRGS, FL
TITLE	VPSD
NAME	WILSON, DALE S
STREET ADDRESS	718 N ORANGE AV
CITY-ST-ZIP	GREEN COVE SPRGS, FL
TITLE	TD
NAME	BROWN, DONALD
STREET ADDRESS	2994 ROSE CRANS LANE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/07-80037-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Dale S. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

DATE

(904) 284-3311

DAYTIME PHONE #