

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90009 005 ****61.25

DOCUMENT # N11189	
1. Entity Name HICKORY GROVE FIRST SOUTHERN BAPTIST CHURCH, INC.	
Principal Place of Business 310 OAKRIDGE AVE GREEN COVE SPRINGS, FL 32043	Mailing Address % DALE S WILSON P. O. BOX 1808 GREEN COVE SPRINGS, FL 32043-8808



04222008 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 <input type="checkbox"/> \$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, 2008**

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

10. OFFICERS AND DIRECTORS

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

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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 4/22/08 (904) 284-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #