


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90093 011 \*\*\*\*61.25

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # N12061</b><br>1. Entity Name<br><b>FIRST COAST MISSIONARY BAPTIST CHURCH, INC.</b>  |   |                                       |   |
| Principal Place of Business<br><b>2132 PARENTAL HOME RD<br/>JAX FL 32216<br/>US</b>   |   | Mailing Address<br><b>2132 PARENTAL HOME RD<br/>JAX FL 32216<br/>US</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>11001 STARWOOD DR.</b>   |   | 3. Mailing Address<br><b>11001 STARWOOD DRIVE</b>  |   |
| Suite, Apt. #, etc.<br>   |   | Suite, Apt. #, etc.<br>  |   |
| City & State<br><b>JACKSONVILLE, FL</b>   |   | City & State<br><b>JACKSONVILLE FL</b>   |   |
| Zip<br><b>FL 32256-1536</b>   |   | Zip<br><b>32256-1536</b>   |   |
| Country<br><b>USA</b>   |   | Country<br><b>USA</b>  |   |
| 6. Name and Address of Current Registered Agent<br><b>HERNANDEZ, REINALDO I<br/>2132 PARENTAL HOME RD<br/>JACKSONVILLE FL 32216</b>   |   | 7. Name and Address of New Registered Agent<br><b>11001 STARWOOD DR.<br/>32256-1536</b>                                |   |
| Name<br>  |   | Street Address (P.O. Box Number is Not Acceptable)<br>   |   |
| City<br><b>FL</b>   |   | Zip Code<br>   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>  |   |  |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>PICKETT, MARSHALL DEAN<br>3308 TIGER HOLE ROAD<br>JACKSONVILLE FL 32216  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>WATKINS, K A<br>7033 EATON AVE<br>JAX FL 32211                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>HERNANDEZ, REINALDO I<br>2132 PARENTAL HOME RD<br>JACKSONVILLE FL 32216 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11001 STARWOOD DR.<br/>JACKSONVILLE, FL 32256-1536</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Reinaldo I. Hernandez **REINALDO I. HERNANDEZ** 4-25-07 924-886-3898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #