


469.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12130		
1. Entity Name GARDENVIEW BAPTIST CHURCH, INC.		

Principal Place of Business 3139 ARMSDALE RD JACKSONVILLE, FL 32218 US	Mailing Address P.O. BOX 26400 JACKSONVILLE, FL 32226 US
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 14 AM 10:34



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2244746	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUNDQUIST, WALTER E 3139 ARMSDALE RD JACKSONVILLE, FL 32218
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAND, RANDY 3121 FRITZ ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNDQUIST, WALTER 3532 SOUTEL DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, BOBBIE 54277 DEERFIELD COUNTRY CLUB RD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, CHARLIE 9721 SAPPINGTON AVENUE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDRY, RONALD 11303 SAMUEL DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B2/14/08

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02/19/08--01050--006 **63.00

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: Bobbie Harris 2-5-08 904-768-747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #