


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 24, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N18756</b> 1. Entity Name <b>FIVE POINTS BAPTIST CHURCH, FERNANDINA BEACH, FLORIDA, INC.</b>					
Principal Place of Business <b>736 BONNIEVIEW DR. FERNANDINA BEACH FL 32034 US</b>			Mailing Address <b>736 BONNIE VIEW ROAD FERNANDINA BACH FL 32034 US</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1681477</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLEMAN, ROSCOE D 1307 CLINCH DR. FERNANDINA BEACH FL 32034</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW: FEE IS \$81.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BRAZELL, CLYDE 1970 OAK DRIVE FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HICKOX, LUCY 941 SWEETBRAIR LANE SO. YULEE FL 32097</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SMITH, ELMER 1825 CLINCH DR FERNANDINA BEACH FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MCCOY, LINDA 1428 PLANTATION OAKS LANE FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D COLEMAN, ROSCOE D 1307 CLINCH DRIVE FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/04)

59-1681477

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, ROSCOE D  
1307 CLINCH DR.  
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$81.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BRAZELL, CLYDE  
1970 OAK DRIVE  
FERNANDINA BEACH FL 32034**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HICKOX, LUCY  
941 SWEETBRAIR LANE SO.  
YULEE FL 32097**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SMITH, ELMER  
1825 CLINCH DR  
FERNANDINA BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MCCOY, LINDA  
1428 PLANTATION OAKS LANE  
FERNANDINA BEACH FL 32034**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
COLEMAN, ROSCOE D  
1307 CLINCH DRIVE  
FERNANDINA BEACH FL 32034**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
**000000242260  
02/24/05-80080-018 61.25**

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Roscoe D. Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/21/05*  
Date

*904/261-4615*  
Date/Phone #