

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

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90083 003 \*\*\*\*61.25

**DOCUMENT # N18756**

1. Entity Name

FIVE POINTS BAPTIST CHURCH, FERNANDINA BEACH,  
FLORIDA, INC.



Principal Place of Business

Mailing Address

736 BONNIEVIEW DR.  
FERNANDINA BEACH FL 32034  
US

736 BONNIE VIEW ROAD  
FERNANDINA BACH FL 32034  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

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 \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME OGILVIE, NORMAN M  
STREET ADDRESS 1918 CLINCH DR  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

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

TITLE D ☐ Change ☒ Addition  
NAME Dennis Kennedy  
STREET ADDRESS 86521 CARDINAL Rd  
CITY-ST-ZIP Yulee, FL 32097

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

TITLE D ☐ Change ☒ Addition  
NAME Melinda Smith  
STREET ADDRESS 1837 Clinch Drive  
CITY-ST-ZIP FERNANDINA Bch, FL 32024

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*R.D. Coleman, Reg. Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07  
Date

904/261-4615  
Daytime Phone #