

**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.      736 BONNIE VIEW ROAD  
FERNANDINA BEACH FL 32034      FERNANDINA BACH FL 32034  
US      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      Applied For  
**59-1681477**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COLEMAN, ROSCOE D**  
**1307 CLINCH DR.**  
**FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	OGILVIE, NORMAN M	
STREET ADDRESS	1918 CLINCH DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKOX, LUCY	
STREET ADDRESS	941 SWEETBRAIR LANE SO.	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ELMER	
STREET ADDRESS	1825 CLINCH DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, LINDA	
STREET ADDRESS	1428 PLANTATION OAKS LANE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMNA, ROSCOE D	
STREET ADDRESS	1307 CLINCH DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Kennedy	
STREET ADDRESS	86521 Cardinal Rd	
CITY-ST-ZIP	Yulee, FL 32097	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melinda Smith	
STREET ADDRESS	1837 Clinch Drive	
CITY-ST-ZIP	Fernandina Bch, FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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      Date: 4/28/07      Daytime Phone #: 904/261-4615