


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90139 017 \*\*\*\*61.25

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # N18756</b>  |  |    |   |
| 1. Entity Name<br><b>FIVE POINTS BAPTIST CHURCH, FERNANDINA BEACH, FLORIDA, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>736 BONNIEVIEW DR.<br/>FERNANDINA BEACH FL 32034<br/>US</b>   |  | Mailing Address<br><b>736 BONNIE VIEW ROAD<br/>FERNANDINA BACH FL 32034<br/>US</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEI Number<br><b>59-1681477</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>COLEMAN, ROSCOE D<br/>1307 CLINCH DR.<br/>FERNANDINA BEACH FL 32034</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                       |  |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</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>  |  |   |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>OGILVIE, NORMAN M<br/>1918 CLINCH DR<br/>FERNANDINA BEACH FL 32034</b> <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  | <b>D<br/>KENNEDY, DENNIS<br/>86521 CARDINAL RD<br/>YULEE FL 32097</b> <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Julie Reed, Church Sec.<br/>709 N. 15th Street<br/>FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>SMITH, MELINDA<br/>1837 CLINCH DRIVE<br/>FERNANDINA BEACH FL 32034</b> <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  | <b>D<br/>MCCOY, LINDA<br/>1428 PLANTATION OAKS LANE<br/>FERNANDINA BEACH FL 32034</b> <input checked="" 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  | <b>D<br/>COLEMNA, ROSCOE D<br/>1307 CLINCH DRIVE<br/>FERNANDINA BEACH FL 32034</b> <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: Julie V. Reed Julie Reed 4/14/08 904/261-4615