

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21079

FILED  
Mar 08, 2007  
Secretary of State

**Entity Name:** SILVER GLYN BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

115 ARLINGTON ROAD NORTH  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

115 ARLINGTON ROAD NORTH  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 59-1091468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIS, NORMAN L PD  
1715 HOLLY OAKS LAKE RD. W.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: FULP, NICHOLE  
Address: 3129 PLUM TREE DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD (X) Delete  
Name: WILLIS, JOYCE  
Address: 1715 HOLLY OAKS LAKE RD W  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: WILLIS, JOYCE  
Address: 1715 HOLLY OAKS LAKE RD W  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN L WILLIS

PD

03/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date