

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31932**

1. Entity Name  
**EDGEWOOD HEIGHTS BAPTIST CHURCH, INC.**



Principal Place of Business

4011 GILMORE ST  
3535 DIGNAN STREET  
JACKSONVILLE, FL 32205 US

Mailing Address

7547 IMPALA LANE  
JACKSONVILLE, FL 32244



01102005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number

59-1644245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOODY, H. WATSON  
7547 IMPALA LANE  
JACKSONVILLE, FL 32206

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOODY, H. WATSON  
STREET ADDRESS 7547 IMPALA LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE TD  
NAME DAVIS, JEAN  
STREET ADDRESS 4526 DIGNAN ST  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE STD  
NAME ARNOLD, COLLENE  
STREET ADDRESS 3629 DILLON ST  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE VDT  
NAME BRADLEY, JAMES A  
STREET ADDRESS 3535 DIGNAN STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE TD  
NAME CARTER, LAVELLE  
STREET ADDRESS PO BOX 730  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000222620  
02/10/05-80008-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*H. Watson Moody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05  
Date

(904) 616-5797  
Daytime Phone #