


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 042 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1644245	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOODY, H. WATSON 7547 IMPALA LANE JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOODY, H. WATSON		NAME		
STREET ADDRESS	7547 IMPALA LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, JEAN		NAME		
STREET ADDRESS	4526 DIGNAN ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, COLLENE		NAME		
STREET ADDRESS	3629 DILLON ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP		
TITLE	VDT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRADLEY, JAMES A		NAME	TD	
STREET ADDRESS	3535 DIGNAN STREET		STREET ADDRESS	Driggers, Henry W	
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP	5335 Marlene Ave	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Jacksonville, FL 32210	
NAME	CARTER, LAVELLE		NAME	VDT	
STREET ADDRESS	PO BOX 730		STREET ADDRESS	Carter, Lavelle	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	P.O. Box 730	
TITLE		<input type="checkbox"/> Delete	TITLE	Hilliard, FL 32046	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>H.W. Moody</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-21-06 (404) 616-5797 <small>Date Daytime Phone #</small>		