


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 003 ****61.25

DOCUMENT # N31932 1. Entity Name EDGEWOOD HEIGHTS BAPTIST CHURCH, INC.					
Principal Place of Business 4011 GILMORE ST JACKSONVILLE, FL 32205 US			Mailing Address 7547 IMPALA LANE JACKSONVILLE, FL 32244		
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		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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		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 checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAVIS, JEAN		NAME <i>Hurricane, Robert</i>		
STREET ADDRESS	4526 DIGNAN ST		STREET ADDRESS <i>5604 Doolittle Rd</i>		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP <i>Jacksonville, FL 32254</i>		
TITLE	STD <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, RONALD		NAME		
STREET ADDRESS	4518 DIGMAN ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRIGGERS, HENRY W		NAME		
STREET ADDRESS	5335 MARLENE AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	VDT <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, LAVELLE		NAME		
STREET ADDRESS	PO BOX 730		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP <i>Hilliard, FL 32046</i>		
TITLE	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.