


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 20, 2006 08:00 AM**  
**Secretary of State**

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N32296</b><br>1. Entity Name<br><b>ATLANTIC HIGHLAND (INLAND) BAPTIST CHURCH, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>13750 BETTY DR.<br/>JACKSONVILLE FL 32224</b>   |  |   | Mailing Address<br><b>13178 MT. PLEASANT ROAD<br/>JACKSONVILLE FL 32225</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                   |   |  |
| City & State  |  |   | City & State  |   |  |
| Zip   |  | Country   |   | 4. FEI Number<br><b>59-2952440</b>  |  |
| 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>WOODLIEF, MITCHELL<br/>225 EAST CHURCH ST<br/>JACKSONVILLE FL 32202</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</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>  |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P</b><br><b>DEAN, RALPH</b><br><b>11514 PELHAM COURT</b><br><b>JACKSONVILLE FL 32223</b>            |   | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>T</b><br><b>BOKSER, KATHERINE</b><br><b>13178 MT. PLEASANT ROAD</b><br><b>JACKSONVILLE FL 32225</b> |   | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>S</b><br><b>SNYDER, DEBRA</b><br><b>12469 SHADOW BLUFF CT</b><br><b>JACKSONVILLE FL 32224</b>       |   | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Add                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Add                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Add                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Add                |   |  |



1st MOORE CR2E037 (10/05)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>P</b><br><b>DEAN, RALPH</b><br><b>11514 PELHAM COURT</b><br><b>JACKSONVILLE FL 32223</b>            | <input type="checkbox"/> Delete                              |
| <b>T</b><br><b>BOKSER, KATHERINE</b><br><b>13178 MT. PLEASANT ROAD</b><br><b>JACKSONVILLE FL 32225</b> | <input type="checkbox"/> Delete                              |
| <b>S</b><br><b>SNYDER, DEBRA</b><br><b>12469 SHADOW BLUFF CT</b><br><b>JACKSONVILLE FL 32224</b>       | <input type="checkbox"/> Delete                              |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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:** Katherine Bokser 1/18/06 2215845