


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90073 008 \*\*\*\*61.25

<b>DOCUMENT # N33017</b> 1. Entity Name <b>SOUTH JACKSONVILLE BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>1824 DEAN ROAD</b> <b>JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>4936 ORTEGA BLVD</b> <b>JACKSONVILLE, FL 32210 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6708 Beach Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6708 Beach Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville Florida</b> Zip Country <b>32216 US</b>		City & State <b>Jacksonville, Florida</b> Zip Country <b>32216 US</b>		4. FEI Number <b>59-2959010</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CRUTCHER, BRENDA</b> <b>4936 ORTEGA BLVD</b> <b>JACKSONVILLE, FL 32210</b>			7. Name and Address of New Registered Agent Name <b>Crutcher, Brenda</b> Street Address (P.O. Box Number is Not Acceptable) <b>6708 Beach Blvd</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</b>		
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 <u><i>Brenda Crutcher</i></u> <span style="float: right;">02-02-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"><b>Make check payable to Florida Department of State</b></div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, CHARLES A. 4936 ORTEGA BLVD JACKSONVILLE, FL 32210 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, JACK 8880 BRIERWOOD JACKSONVILLE, FL 32257 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUFFY, JOHN 3938 KADEN DR. E. JACKSONVILLE, FL 32277 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUNDY, RICHARD 421 HOLIDAY HILL CIR. E. JACKSONVILLE, FL 32216 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <u><i>Charles Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					