


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

|   |                        |  |
|---|------------------------|--|
| <b>DOCUMENT # N35769</b>  |                        |   |
| 1. Entity Name<br>ROLLING HILLS MISSIONARY BAPTIST CHURCH, INC.   |                        |  |
| Principal Place of Business<br>% RONALD BEASLEY<br>840 PERMENTO AVE<br>JACKSONVILLE, FL 32221   |                        | Mailing Address<br>% RONALD BEASLEY<br>840 PERMENTO AVE<br>JACKSONVILLE, FL 32221  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                        |  |
| 6. Name and Address of Current Registered Agent<br><br>BEASLEY, RONALD<br>840 PERMENTO AVE<br>JACKSONVILLE, FL 32221  |                        | <b>DO NOT WRITE<br/>IN THIS SPACE</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS  |                        |  |
| TITLE   | PD                     |  |
| NAME  | BEASLEY, RONALD        |  |
| STREET ADDRESS  | 8141 JOFFRE DR         |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL       |  |
| TITLE   | D                      |  |
| NAME  | MARTINEZ, JOHN         |  |
| STREET ADDRESS  | 5971 OAKLINE DR        |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL       |  |
| TITLE   | D                      |  |
| NAME  | KEENE, JOSEPH          |  |
| STREET ADDRESS  | 2250 JONES ROAD        |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32220 |  |
| TITLE   | D                      |  |
| NAME  | HARPER, LEON           |  |
| STREET ADDRESS  | 6059 CEDAR POINT RD    |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32226 |  |
| TITLE   | D                      |  |
| NAME  | MOORE, JOHNNY          |  |
| STREET ADDRESS  | 3228 DELLWOOD AVE      |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32205 |  |
| TITLE   | D                      |  |
| NAME  | KEENE, KENNETH         |  |
| STREET ADDRESS  | 2216 JONES RD.         |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL       |  |
| 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: <u>Ronald Beasley</u> <u>RONALD BEASLEY</u> <u>2-7-05</u> <u>9047830524</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                        |  |



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2341366

Applied For  
Not Applicable

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

000000221650  
02/09/05-80036-020 61.25

**DO NOT WRITE  
IN THIS SPACE**