2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90056 048 ****70.00

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02082005 Chg-NP CR2E037 (10/03)

DOCUMENT # N36290

1. Entity Name
AVONDALE BAPTIST CHURCH CORPORATION

Principal Place of Business	Mailing Address
3519 HERSCHEL ST CHURCH JACKSONVILLE, FL 32205 US	3519 HERSCHEL ST CHURCH JACKSONVILLE, FL 32205 US
2. Principal Place of Business: Church	3. Mailing Address: 3519 Herschel Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32205 Country: U.S.	Zip: 32205 Country: U.S.

4. FEI Number: 59-0873829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTOX, HUGH Vice-President of Corp.
4281 MCGIRTS BLVD.
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name: Hugh Mattox
Street Address (P.O. Box Number is Not Acceptable): 4281 McGirts Boulevard
City: Jacksonville FL Zip Code: 32210

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] Feb. 16, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GANEY, HARRY D.		NAME	
STREET ADDRESS	4979 WATER OAK LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MATTOX, HUGH		NAME	
STREET ADDRESS	4281 MCGIRTS BLVD.		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MALTBY, DORIS		NAME	
STREET ADDRESS	1432 INGLESIDE AVENUE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: [signature] Feb. 16, 2006 (904) 387-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #