

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 048 ****70.00

DOCUMENT # N36290	
1. Entity Name AVONDALE BAPTIST CHURCH CORPORATION	

Principal Place of Business 3519 HERSCHEL ST CHURCH JACKSONVILLE, FL 32205 US	Mailing Address 3519 HERSCHEL ST CHURCH JACKSONVILLE, FL 32205 US
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40020447



2. Principal Place of Business Church	3. Mailing Address 3519 Herschel Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32205	Zip 32205
Country U.S.	Country U.S.

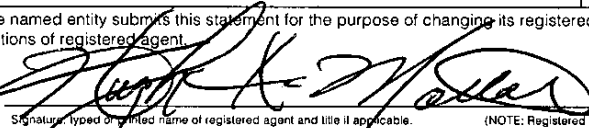
4. FEI Number 59-0873829	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MATTOX, HUGH 4281 MCGIRTS BLVD JACKSONVILLE, FL 32210	
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7. Name and Address of New Registered Agent	
Name Hugh Mattox	
Street Address (P.O. Box Number is Not Acceptable) 4281 Mc Girts 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  **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. ☐

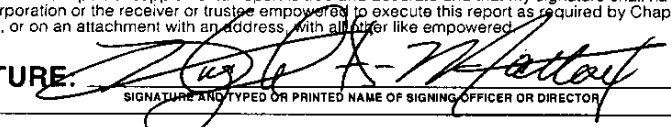
\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GANNEY, HARRY D. 4979 WATER OAK LANE JACKSONVILLE, FL 32210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTOX, HUGH 4281 MCGIRTS BLVD. JACKSONVILLE, FL 32210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALTBY, DORIS 1432 INGLESIDE AVENUE JACKSONVILLE, FL 32205 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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  **Feb. 16, 2005** **(904) 387-0418**
Signature typed or printed name of signing officer or director Date Daytime Phone #