

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2005  
Secretary of State**

DOCUMENT# N43165

Entity Name: NORTH PEARL STREET BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

4003 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

4003 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-3143567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MITCHELL, JOHNNY L.  
2566 VERNON STREET  
JACKSONVILLE, FL 32209      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: THOMAS, LARRY  
Address: 11645 BRIDGES ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: CT      ( ) Delete  
Name: MITCHELL, JOHNNY L.  
Address: 2566 VERNON STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S      ( ) Delete  
Name: THOMAS, FAYE E  
Address: 11645 BRIDGES RD  
City-St-Zip: JACKSONVILLE, FL

Title: TRT      ( ) Delete  
Name: SMITH, NEVILLE  
Address: 4736 NELMAR PL  
City-St-Zip: JACKSONVILLE, FL

Title: TRT      ( ) Delete  
Name: MITCHELL, LOLA  
Address: 2566 VERNON ST  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE THOMAS

S

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date