

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 007 ****70.00

DOCUMENT # N43165	
1. Entity Name NORTH PEARL STREET BAPTIST CHURCH, INC.	



Principal Place of Business 4003 NORTH PEARL STREET JACKSONVILLE, FL 32206	Mailing Address 4003 NORTH PEARL STREET JACKSONVILLE, FL 32206
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50024844

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08032006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3143567	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, JOHNNY L. 2566 VERNON STREET JACKSONVILLE, FL 32209		Name <u>Larry Thomas</u> Street Address (P.O. Box Number is Not Acceptable) <u>11645 Bridges Rd</u> <u>Jacksonville</u> City <u>Jacksonville, FL</u> Zip Code <u>32218</u>	

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>Larry Thomas</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Larry Thomas Pastor</u> (NOTE: Registered Agent signature required when reinstating)	<u>8/5/06</u> DATE
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, LARRY 11645 BRIDGES ROAD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MITCHELL, JOHNNY L. 2566 VERNON STREET JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Mitchell, Johnny</u> <u>2566 Vernon St</u> <u>JACKSONVILLE FLA</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, FAYE E 11645 BRIDGES RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>THOMAS FAYE</u> <u>11645 Bridges Rd</u> <u>JACKSONVILLE FL</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRT SMITH, NEVILLE 4736 NELMAR PL JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRT MITCHELL, LOLA 2566 VERNON ST JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Mitchell, Lola</u> <u>2566 Vernon St</u> <u>JACKSONVILLE FL</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Faye Thomas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>8/4/06</u> Date	<u>9047687026</u> Daytime Phone #
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