

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43252

FILED
May 14, 2005
Secretary of State

Entity Name: BETHESDA BAPTIST CHURCH OF JACKSONVILLE INC.

Current Principal Place of Business:

422 LURAY ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

422 LURAY ST
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-2936067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEST, RONNIE L.
9211 103RD #22
JACKSONVILLE, FL 32210 US

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: SD () Delete
Name: PARKER, RUTH,
Address: 5119 ACOMA AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD () Delete
Name: WEST, RONNIE,
Address: 9211 103RD #22
City-St-Zip: JACKSONVILLE, FL

Title: DT () Delete
Name: NESMITH, ANTHONY K
Address: 4823 WHEELER AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: WEST, CAROL
Address: 9211 103RD #22
City-St-Zip: JACKSONVILLE, FL 32210

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: RONNIE L. WEST

PD

05/14/2005

Electronic Signature of Signing Officer or Director

Date