

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N45883

1. Entity Name
PETRA MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
2403 CLYDE DRIVE
JACKSONVILLE, FL 32208

Mailing Address
2403 CLYDE DRIVE
JACKSONVILLE, FL 32208



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3094056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEWMAN, CORNELIUS
2403 CLYDE DRIVE
JACKSONVILLE, FL 32208

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000553694
05/15/06-80062-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, CORNELIUS 7450 ORLANDO AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, GLORIA 7450 ORLANDO AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, LULA 4667 SUFFOLK AVENUE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, BERNICE 332 69TH ST. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Cornelius Newman **4/26/06** **904/768-0467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #