

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N48220**

1. Entity Name  
**THE HOGAN BAPTIST CHURCH, INC.**



Principal Place of Business  
**8045 HOGAN ROAD  
JACKSONVILLE, FL 32216**

Mailing Address  
**8045 HOGAN ROAD  
JACKSONVILLE, FL 32216**



03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1031651**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ROWE AND ROWE, P.A.  
9471 BAYMEADOWS ROAD  
SUITE 203  
JACKSONVILLE, FL 32256**

**DO NOT WRITE  
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 reinstating)

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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
WILLIAMSON, JAMES  
1910 VALENS DR.  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TC  
WHITAKER, JIM  
2740 SYNHOFF DR.  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PRITCHETT, DON  
12588 ASHGLN DR N  
JACKSONVILLE, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BRITT, BUDDY  
2913 LORAN DRIVE  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
TUCKER, LEWIS  
2864 MELHOLLIN DRIVE  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GROVES, WAYNE  
7079 DELAWARE CT  
JACKSONVILLE, FL 32210**

000000455788  
03/16/06-80002-017 61.25

**DO NOT WRITE  
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: *Jimmy A. Whitaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JIMMY A. WHITAKER**

**3-2-06**

Date

**904 641-5776**

Daytime Phone #