


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90098 040 ****61.25

DOCUMENT # N49581 1. Entity Name ORTEGA BAPTIST CHURCH, INC.					
Principal Place of Business 4865 ROOSEVELT BLVD. JACKSONVILLE, FL 32210			Mailing Address 4865 ROOSEVELT BLVD. JACKSONVILLE, FL 32210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0895912	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
LAND, HERBERT 4542 BIRKEN HEAD RD JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JERNIGAN, ALBERT		NAME		
STREET ADDRESS	8558 THIMS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLIE, VANCE		NAME	Johnnie Hettner	
STREET ADDRESS	2343 BROADMOOR LANE		STREET ADDRESS	7929 PINNACLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHITTY, JEAN		NAME		
STREET ADDRESS	4340 BALTIC STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Albert F. Jernigan</i> Albert F. Jernigan 01/26/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

50011511



01152005 Chg-NP CR2E037 (10/03)

FL

Zip Code

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(904) 983-3741