

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90009 011 ****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**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0895912

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

~~LAND, HERBERT~~
~~4542 BIRKENHEAD RD~~
~~JACKSONVILLE, FL 32210~~
RICHARD M TIERNEY, ESQ.
4595 LEXINGTON AVE. #100
JACKSONVILLE, FL 32210

**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)

1-16-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**PT
JERNIGAN, ALBERT
8558 THIMS AVENUE
JACKSONVILLE, FL 32221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
HEFFNER, JOHNNIE
7729 PINNACLE DRIVE
JACKSONVILLE, FL 32221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
CHITTY, JEAN
4340 BALTIC STREET
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 9833741