

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000001025

1. Entity Name
THE EAST 44TH STREET BAPTIST CHURCH, INC.



Principal Place of Business
281 E 44TH ST
JACKSONVILLE, FL 32208

Mailing Address
281 E 44TH ST
JACKSONVILLE, FL 32208



04192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1697011

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1301 GULF LIFE DR
SUITE 1500
JACKSONVILLE, FL 32207

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

Filing Fee is \$61.25
Due by May 1, 2004

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

U000000122766
04/21/04-80042-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, KEVIN
STREET ADDRESS	1944 PAWN COURT
CITY - ST - ZIP	CALLAHAN, FL 32011
TITLE	D
NAME	ANTONE, RALPH
STREET ADDRESS	634 IVA PLACE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SHUMAN, HERMAN S
STREET ADDRESS	6231 KELLOW DR
CITY - ST - ZIP	JACKSONVILLE, FL
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 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: *Herman S. Shuman*

4.19.04 (904) 356-2195