

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003497**

1. Entity Name  
**FIRST FILIPINO BAPTIST CHURCH, INC.**



Principal Place of Business  
**3846 HARTLEY RD  
JACKSONVILLE, FL 32257 US**

Mailing Address  
**3846 HARTLEY RD  
JACKSONVILLE, FL 32257 US**



02172008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3024281**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ERIBERTO GONZALEZ  
2809 PRATT PLACE  
JACKSONVILLE, FL 32259**

**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, 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  
**DT  
DYER, CHARLES R  
4527 JULINGTON CREEK ROAD  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
VINCENTE, LEONARD  
2706 LIBERTY LANE  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
GONZALEZ, ERIBERTO  
2809 PRATT PLACE  
JACKSONVILLE, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
MARTIN, DANILO  
12520 WILLOUGHBY LANE  
ATLANTIC BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BAUTISTA, CONNIE  
2850 DEBBIE COURT  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000839561  
03/06/08-80013-006 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-08 904-783-4294**

Date

Daytime Phone #