

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000000963

1. Entity Name
SOUTHWEST BAPTIST CHURCH, INC.



Principal Place of Business
8565 COLLINS ROAD
JACKSONVILLE, FL 32210

Mailing Address
6107 118TH STREET
JACKSONVILLE, FL 32244



01252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3177040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, DORIS
6107 118TH STREET
JACKSONVILLE, FL 32244

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000610920
02/02/07-80040-017 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CERCY, DARRELL L
6083 118TH STREET
JACKSONVILLE, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WRIGHT, WILLIAM W
2030 BUCKMAN STREET
JACKSONVILLE, FL 3220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MOSLEY, DORIS E
6107 118TH STREET
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Doris Mosley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-07
Date

(904) 771-5924
Daytime Phone #