## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004132

FILED Apr 26, 2005 Secretary of State

Entity Name: PAUL AVENUE BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2742 PAUL JACKSON'	. AVE. VILLE, FL 3220	707			
Current M	ailing Address	s:	New Mailing Addres	ss:	
2742 PAUL JACKSON'	. AVE. VILLE, FL 3220	77			
FEI Number:	59-3083282	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	ONALD FHLAND DRIVI VILLE, FL 3220				
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF					
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	TRD () WOOD, DEBOR 4423 MORELAN JACKSONVILLE	D RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRD ( ) Delete BOLES, MABLE 2743 LARSEN ROAD JACKSONVILLE, FL 32207		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () WALLS, GLORIA 4856 SOUTHLAN JACKSONVILLE	ND DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () WOOD, ROBER 4423 MORELAN JACKSONVILLE	D ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH WOOD TRD 04/26/2005