2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005468

City-St-Zip:

JACKSONVILLE, FL 32225

Entity Name: COASTAL BAPTIST CHURCH, INC.

FILED Apr 09, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:			
750 GIRVII JACKSON	N ROAD IVILLE, FL 322	225				
Current Mailing Address:			New Mailing Address:			
750 GIRVII JACKSON	N ROAD IVILLE, FL 322	225				
FEI Number: 59-3279840 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
		DAD SUITE 203 256 US				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electron	nic Signature of Registered Ag	ent	nt Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CCD (ROGERS, EUG 12339 TIGER (JACKSONVILL	CREEK LANE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (CLAY, DAVE 929 LONG LAK JACKSONVILL		Title: Name: Address: City-St-Zip:	BERRY, DOI 11835 MINF		
Title: Name: Address: City-St-Zip:	VPD (BERRY, DON 11835 MINFOR JACKSONVILL		Title: Name: Address: City-St-Zip:	BUTLER, NA 2044 MERCI		
Title: Name: Address: City-St-Zip:	T (BAXLEY, GRA 366 S DRAGOI JACKSONVILL	NFLY LN	Title: Name: Address: City-St-Zip:	WHEELER, 0 4658 BLUFF		
Title: Name: Address:	MAYES, FRAN) Delete K VTED HOLLOW	Title: Name: Address:	MAL STOKES, RO 12544 HERE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

JACKSONVILLE, FL 32225

SIGNATURE: NATHAN BUTLER VPD 04/09/2007