

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90021 009 ****61.25

DOCUMENT # N94000005468					
1. Entity Name COASTAL BAPTIST CHURCH, INC.					
Principal Place of Business 750 GIRVIN ROAD JACKSONVILLE, FL 32225			Mailing Address 750 GIRVIN ROAD JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3279840	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE & ROWE PA 9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reissuing)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD ROGERS, EUGENIA S 12339 TIGER CREEK LANE JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRY, DON 11835 MINFORD CIR N JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NATHAN BUTLER 2044 MERCED CT. JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUTLER, NATHAN 2044 MERCED COURT JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBBY STOKES 12544 HERBLORE DR JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, CAROL 4658 BLUFF AVE JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL STOKES, ROBBY 12544 HERBLORE DR JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL BUD YARBROUGH 3426 WASHBURN RD. JACKSONVILLE, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL SECRETARY KAREN YARBROUGH 3426 WASHBURN RD JACKSONVILLE, FL 32250	
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: <i>Nathan Butler</i>			4/7/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			904-221-0529		