


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005952		
1. Entity Name NEW COLOSSIANS MISSIONARY BAPTIST CHURCH INC.		

Principal Place of Business 1154 W. 31ST ST. JACKSONVILLE, FL 32209	Mailing Address 1154 W. 31ST ST. JACKSONVILLE, FL 32209
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03212003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3352023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HAMMONDS, WILLIAM 7011 LINDA DR. JACKSONVILLE, FL 32208	

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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 September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERKISON, AMBROSE 2578 BARRY DR. S. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMMONDS, WILLIAM 7011 LINDA DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPLES, ANNIE M 526 W 21ST STREET JACKSONVILLE, FL
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07/16/04-80008-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William Hammonds **7-4-04** **904-788-3235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #