


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005952 1. Entity Name NEW COLOSSIANS MISSIONARY BAPTIST CHURCH INC.	
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Principal Place of Business 1154 W. 31ST ST. JACKSONVILLE, FL 32209	Mailing Address 1154 W. 31ST ST. JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



08302006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3352023	Applied For <input type="checkbox"/> 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**

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000575304 09/01/06-80005-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERKISON, AMBROSE 2578 BARRY DR. S. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMMONDS, WILLIAM 7011 LINDA DR. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, JOHN 3811 SPIRES AVE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: William Hammonds **William Hammonds** 8/30/06 904-768-3735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #