

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N96000005309**

1. Entity Name  
FIRST BAPTIST CHURCH OF MAXVILLE, INC.



Principal Place of Business  
8635 MAXVILLE BOULEVARD  
JACKSONVILLE, FL 32234

Mailing Address  
8635 MAXVILLE BOULEVARD  
JACKSONVILLE, FL 32234



02132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3432324

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COVERDALE, DAVE  
8635 MAXVILLE BLVD.  
JACKSONVILLE, FL 32234

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

DATE  
03/27/08-80053-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GRIFFIS, HENRY  
STREET ADDRESS 8625 MAGNOLIA ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE VD  
NAME COVERDALE, DAVE  
STREET ADDRESS 306 NORTH ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE TD  
NAME COLEMAN, DONALD F  
STREET ADDRESS 20199 NORMANDY BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE D  
NAME HIGGINBOTHAM, DOROTHY  
STREET ADDRESS 18257 FLORIDA AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE D  
NAME NOLAN, SYLVIA  
STREET ADDRESS 8635 MAXVILLE BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08 904-288-7449  
Date Daytime Phone #