

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005777

1. Entity Name

NORWOOD BAPTIST CHURCH, INC., JACKSONVILLE,
FL

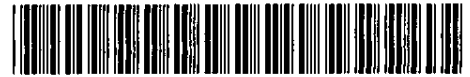


Principal Place of Business

6505 NORWOOD AVE
JACKSONVILLE FL 32208

Mailing Address

6505 NORWOOD AVE
JACKSONVILLE FL 32208



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

1st MOORE CR2E037 (10/07)

4. FEI Number
59-1205797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, A DARREL
5655 SALERNO RD
JACKSONVILLE FL 32244

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

(Signature: A. Darrel Murray)
(No changes)

2-17-08

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

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

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURRAY, A. DARREL
STREET ADDRESS 5655 SALERNO RD
CITY-STATE-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE VD
NAME ROBERTSON, JAMES
STREET ADDRESS 471 W 70TH ST
CITY-STATE-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE SD
NAME PATTERSON, BETTY
STREET ADDRESS 1039 STARK ST.
CITY-STATE-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE TD
NAME WILLIAMS, MARY
STREET ADDRESS 10907 REGENCY DR
CITY-STATE-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D
NAME PATTERSON, JACK
STREET ADDRESS 1039 STARK ST
CITY-STATE-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000833138 ☐ Change ☐ Addition
02/28/08-80001-001 61.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary Williams)

MARY Williams

2/17/08 904-386-5470