


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001117</b> 1. Entity Name <b>FIRST MISSIONARY BAPTIST CHURCH OF FERNANDINA BEACH, INC.</b>					
Principal Place of Business <b>20 S. 9TH ST. FERNANDINA BCH FL 32034</b>			Mailing Address <b>20 S. 9TH ST. FERNANDINA BCH FL 32034</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3501055</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAYNE, JAMES 920 VERNON STREET FERNANDINA BCH FL 32034</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>PAYNE, JAMES</b>		NAME		
STREET ADDRESS	<b>920 VERNON STREET</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FERNANDINA BCH FL 32034</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>VEAL, MICHAEL</b>		NAME		
STREET ADDRESS	<b>426 N 4TH ST</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FERNANDINA BCH FL 32034</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>BROWN, KEVIN</b>		NAME		
STREET ADDRESS	<b>86111 FIELDSTONE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>YULEE FL 32097</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>BLUE, JAMES</b>		NAME		
STREET ADDRESS	<b>820 S. 11TH ST.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FERNANDINA BCH FL 32034</b>		CITY - ST - ZIP		
TITLE	I	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>BROWN, CRAIG</b>		NAME		
STREET ADDRESS	<b>SCOTT ROAD</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>O'NEAL FL 32034</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>BLUE, ROBERT SR.</b>		NAME		
STREET ADDRESS	<b>1116 GUM ST.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FERNANDINA BCH FL 32034</b>		CITY - ST - ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James Payne  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_