

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90279 032 \*\*\*\*61.25

**DOCUMENT # N98000001117**

1. Entity Name

**FIRST MISSIONARY BAPTIST CHURCH OF FERNANDINA  
BEACH, INC.**



Principal Place of Business

**20 S. 9TH ST.  
FERNANDINA BCH FL 32034**

Mailing Address

**20 S. 9TH ST.  
FERNANDINA BCH FL 32034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3501055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PAYNE, JAMES  
920 VERNON STREET  
FERNANDINA BCH FL 32034**

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

*James Payne*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

*03/17/06*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 ☐ Delete  
NAME **CD**  
STREET ADDRESS **PAYNE, JAMES**  
CITY- ST- ZIP **920 VERNON STREET  
FERNANDINA BCH FL 32034**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **VEAL, MICHAEL**  
CITY- ST- ZIP **426 N 4TH ST  
FERNANDINA BCH FL 32034**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BROWN, KEVIN**  
CITY- ST- ZIP **88111 FIELDSTONE DR  
YULEE FL 32097**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **BLUE, JAMES**  
CITY- ST- ZIP **820 S. 11TH ST.  
FERNANDINA BCH FL 32034**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BROWN, CRAIG**  
CITY- ST- ZIP **SCOTT ROAD  
O'NEAL FL 32034**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BLUE, ROBERT SR.**  
CITY- ST- ZIP **1116 GUM ST.  
FERNANDINA BCH FL 32034**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **Willie Pollard, Jr**  
CITY- ST- ZIP **P O box 16311  
Fernandina Beach, FL 32035**

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

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

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

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

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

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:

*James Payne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/17/06*

Date

Daytime Phone #