2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State
02-24-2004 90005 016 ****61.25

DOCUMENT # N98000002658

1. Entity Name
JULINGTON BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
12740 SNYDER STREET JACKSONVILLE, FL 32256	12740 SNYDER STREET JACKSONVILLE, FL 32256

01092004 Chg-NP CR2E037 (10/03)

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 59-2717279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAPLES, THOMAS 712 TORREY PINE CIRCLE N JACKSONVILLE, FL 32218	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 Thomas Staples Thomas Staples 2-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLAIN, NATHANIEL J SR. 2827 SELAWICK LANE JACKSONVILLE, FL 32218	☐ Delete PASTOR	TYRONE JEFFERSON 2026 WESTMONT ST. JACKSONVILLE, FL. 32207	☐ Change ☒ Addition DEACON
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAPLES, THOMAS 712 TORREY PINE CIRCLE JACKSONVILLE, FL 32218	☐ Delete ASSISTANT PASTOR	CHARLES RICHARDSON 2232 MINORCAN ST MIDDLEBURG, FL. 32068	☐ Change ☒ Addition DEACON
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHER, BOYD 5338 SANTA MONICA BLVD N JACKSONVILLE, FL 32207	☐ Delete CLERK	CHARLES WILLIAMS 8255 PERSIMON HILL LN JACKSONVILLE, FL. 32256	☐ Change ☒ Addition VICE TRUSTEE CHAIRMAN
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOZIER, JOYNER 6178 STRAWFLOWER PL JACKSONVILLE, FL 32209	☒ Delete	JACQUELINE HUNTER 7635 TIMBERLIN PK BLVD #813 JACKSONVILLE, FL 32256	☐ Change ☒ Addition MEMBER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRY, CASSIUS 289 SUMMER SPRINGS CT JACKSONVILLE, FL 32225	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRY, SARAH 289 SUMMER SPRINGS CT JACKSONVILLE, FL 32225	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas Staples Thomas Staples 2-22-04 (904) 268-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #