
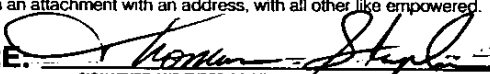


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90393 046 ****61.25

DOCUMENT # N98000002658 1. Entity Name JULINGTON BAPTIST CHURCH, INC.					
Principal Place of Business 12740 SNYDER STREET JACKSONVILLE, FL 32256			Mailing Address 12740 SNYDER STREET JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent STAPLES, THOMAS 712 TORREY PINE CIRCLE N JACKSONVILLE, FL 32218					
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	MCCLAIN, NATHANIEL J SR.				
STREET ADDRESS	2827 SELAWICK LANE				
CITY-ST-ZIP	JACKSONVILLE, FL 32218				
TITLE	D <input type="checkbox"/> Delete				
NAME	STAPLES, THOMAS				
STREET ADDRESS	712 TORREY PINE CIRCLE				
CITY-ST-ZIP	JACKSONVILLE, FL 32218				
TITLE	D <input type="checkbox"/> Delete				
NAME	MARSHER, BOYD				
STREET ADDRESS	5338 SANTA MONICA BLVD N				
CITY-ST-ZIP	JACKSONVILLE, FL 32207				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	JFFERSON, TYRONE				
STREET ADDRESS	2026 WESTMONT ST.				
CITY-ST-ZIP	JACKSONVILLE, FL 32207				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	RICHARDSON, CHARLES				
STREET ADDRESS	2232 MINOREAN ST.				
CITY-ST-ZIP	MIDDLEBURG, FL 32068				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	HUNTER, JACQUELINE				
STREET ADDRESS	7636 TIMBERLINE PK. BLVD. #813				
CITY-ST-ZIP	JACKSONVILLE, FL 32256				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BOYD, RAYMOND				
STREET ADDRESS	5338 SANTA MONICA BLVD. N				
CITY-ST-ZIP	JACKSONVILLE, FL 32207				
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BOWMAN, FOREST				
STREET ADDRESS	8401 South Side BLVD. #603				
CITY-ST-ZIP	JACKSONVILLE, FL 32256				
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	IVEY, BARBARA				
STREET ADDRESS	11038 LOSCED JUNCTION DR.				
CITY-ST-ZIP	JACKSONVILLE, FL 32257				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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)(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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-17-05 Daytime Phone # _____					

50038705



04112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2717279 ☐ Applied For
☐ Not Applicable

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

FL Zip Code

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #