

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90042 022 \*\*\*\*61.25

**DOCUMENT # N98000003583**

1. Entity Name  
**ST. NICHOLAS BETHEL BAPTIST CHURCH INC.**



Principal Place of Business  
**2606 SAN DIEGO ROAD  
JACKSONVILLE, FL 32207**

Mailing Address  
**2606 SAN DIEGO ROAD  
JACKSONVILLE, FL 32207**

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

08282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2874669**

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

**BROWN, AUDREY J  
5013 WINCHESTER DR. SOUTH  
JACKSONVILLE, FL 32217**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by September 14, 2007**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CC  
BROWN, AUDREY J  
5013 WINCHESTER DRIVE SOUTH  
JACKSONVILLE, FL 32217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DCTB  
BROWN, ROBERT  
5013 WINCLE STA DR S  
JACKSONVILLE, FL 32217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DCOD  
RILEY, JAMES  
7471 LEE ETHEL DR  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VCTB  
BAXTER, JAMES E  
12891 FENNEL AVE  
MIDDLEBURG, FL 32068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TT  
KELLAM, ALBERT  
8255 TARLIN AVE  
JACKSONVILLE, FL 32216** ☒ Delete  
*member deceased*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
LITTLE, VERONICA  
1617 SPRINGS OAK LANE  
JACKSONVILLE, FL 32221** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**BROWN Robert  
5013 Winchester Dr S  
Jacksonville FL 32217** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Riley James  
3705 North Canal Street  
Jacksonville FL 32209** ☐ Change ☐ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #