

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90025 042 \*\*\*\*61.25

**DOCUMENT # N98000003829**

1. Entity Name

PECAN PARK BAPTIST CHURCH, INC.



Principal Place of Business

162 PARK AVE.  
JACKSONVILLE FL 32218

Mailing Address

162 PARK AVE.  
JACKSONVILLE FL 32218

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

59-2372269

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

KASPER, JOHN M SR  
62 PARK AVE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 S  
NAME CANNON, MARY F  
STREET ADDRESS 402 PARK AVE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE S/ TR  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TR  
NAME NASH, W C  
STREET ADDRESS 13814 WOODLAND AVE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE TR  
NAME ROBERTS, HILBERT  
STREET ADDRESS 342 PARK AVE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Delete

TITLE TR  
NAME Randy Owen, Sr  
STREET ADDRESS 14844 Wade Road  
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Change ☐ Addition

TITLE  
NAME JEFFERS, DEBBIE  
STREET ADDRESS 489 STARRATT RD 235  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 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: *Mary F. Cannon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/04

Date

(904) 751-8711

Daytime Phone #