


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

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KASPER, JOHN M SR 15477 N. MAIN STREET 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 _____ (NOTE: Registered Agent signature required when terminating)					
DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	CANNON, MARY F		NAME		
STREET ADDRESS	402 PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NASH, W C		NAME		
STREET ADDRESS	13814 WOODLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	OWEN, RANDY SR.		NAME		
STREET ADDRESS	14844 WADE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	JEFFERS, DEBBIE		NAME		
STREET ADDRESS	489 STARRATT RD 235		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2372269 ☐ **Applied For**
☐ **Not Applied**

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

FL Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
☐ Change ☐ Add
000000518642
05/02/06-00023-015 61.25

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

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.

4/13/06 004 225-2920