

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000003829

1. Entity Name

PECAN PARK BAPTIST CHURCH, INC.



FILED
Mar 05, 2007 08:00 AM
Secretary of State

Principal Place of Business

162 PARK AVE.
JACKSONVILLE FL 32218

Mailing Address

162 PARK AVE.
JACKSONVILLE FL 32218

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

1st MOORE

CR2E037 (10/06)

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
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

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, 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-STATE-ZIP
STR
CANNON, MARY F
402 PARK AVE
JACKSONVILLE FL 32218 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TR
OWEN, RANDY SR.
14844 WADE RD.
JACKSONVILLE FL 32218 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
000000656279
03/14/07-80019-007 61.25

TITLE
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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.

SIGNATURE:

Mary F Cannon

2/9/2007

904 757-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #