## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED DOCUMENT # N98000003829** Apr 23, 2008 08:00 AN Secretary of State PECAN PARK BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 162 PARK AVE. 162 PARK AVE. JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 CR2E037 (4/06) 04112008 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2372269 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KASPER, JOHN M SR 15477 N. MAIN STREET JACKSONVILLE, FL 32218 IN THIS SPACE 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME CANNON, MARY F STREET ADDRESS 402 PARK AVE CITY-ST-ZIP JACKSONVILLE, FL 32218 U00000917395 05/13/08-80037-025 61.25 TITLE TR NAME NASH, W.C. STREET ADDRESS 13814 WOODLAND AVE CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE OWEN, RANDY SR. STREET ADDRESS 14844 WADE RD. DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE IN THIS SPACE JEFFERS, DEBBIE STREET ADDRESS 489 STARRATT RD 235 CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALKE STREET ADDRESS CITY-ST-ZIP

12. 1 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 MAIN & COUNTY

UND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2008 904 757-8711