

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90374 013 ****70.00

DOCUMENT # N98000005230

1. Entity Name

FIRSTCOAST METROPOLITAN COMMUNITY CHURCH,
INC.



Principal Place of Business

2905 CR 214
LOT H
SAINT AUGUSTINE FL 32086
US

Mailing Address

PO BOX 3581
ST AUGUSTINE FL 32085
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3535676

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

JENSEN, REV. RUTH KAY
7709 EATON AVE.
JACKSONVILLE FL 32211

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, 2005**

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
NAME DV
WITCHER, E M
STREET ADDRESS 2979 BILOXI TRAIL
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME D
Witcher, E M
STREET ADDRESS 2979 Biloxi Trail
CITY-ST-ZIP Middleburg FL 32068 ☒ Change ☐ Addition

TITLE
NAME DS
REYES, REBECCA
STREET ADDRESS 315 GENTIAN ROAD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086 ☐ Delete

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

TITLE
NAME D
WILLIAMS, JERRI-
STREET ADDRESS 337 E. RIVER ROAD
CITY-ST-ZIP EAST PALATKA FL 32131 ☒ Delete

TITLE
NAME D/T
Broeske, Laurie
STREET ADDRESS 14618 Swansea Court
CITY-ST-ZIP Jacksonville FL 32258 ☐ Change ☒ Addition

TITLE
NAME D
PERINO, GLORIA
STREET ADDRESS 10336 ARROWHEAD DR.
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Delete

TITLE
NAME D
Bloemendaal, Lynne
STREET ADDRESS 329 Horsemans Club Road
CITY-ST-ZIP Palatka, FL 32177 ☐ Change ☒ Addition

TITLE
NAME P
WALDEN, VICKI
STREET ADDRESS 5000 SAN JOSE BLVD., #212
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME VD
Walden, Vicki
STREET ADDRESS 111 E. First Street #24
CITY-ST-ZIP Jacksonville, FL 32206 ☒ Change ☐ Addition

TITLE
NAME P
JENSEN, RUTH K REV.
STREET ADDRESS 7709 EATON AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ 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: *Rev. Ruth K. Jensen* **REV. RUTH K. JENSEN, APRIL 13, 2005 904-824-2802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #