2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N99000001562

Entity Name: HIGHLANDS BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

2159 BROWARD ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

2159 BROWARD ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-0965512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCKLEY, DONALD D
2607 PINE ESTATES RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: HARDIN, EDWARD
Address: 1835 WOFFARD AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: BROOKS, BOB
Address: 10424 BAILWOOD CRE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Delete
Name: WATSON, WOODY
Address: 2345 VILLANOVA CIR W
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: SMITH, MARY
Address: 2601 PINE ESTATES RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BROOKS, BOB
Address: 10424 GAILWOOD CIR E.
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD D. BUCKLEY T 04/26/2005

Electronic Signature of Signing Officer or Director — Date