

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710882

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC7148107857**

**Entity Name:** FIRST BAPTIST CHURCH, JACKSONVILLE BEACH, FLORIDA

**Current Principal Place of Business:**

324 N 5TH STREET  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

324 N 5TH STREET  
JACKSONVILLE BEACH, FL 32250

**FEI Number: 59-6001024**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALLIS, BEN W. REV.  
12360 WAVY LEAF CT.  
JACKSONVILLE, FL 32225 US

*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: BEN W. WALLIS**

**02/25/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TR  
Name GILLIS, JAMES MR.  
Address 800 N. 10TH ST.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title T  
Name BEASLEY, GERALD MR.  
Address 1115 N 16 AVE  
City-State-Zip: JACKSONVILLE BCH. FL 32250

Title TR  
Name POPE, ELLIS MR.  
Address 1310 FLORIDA BLVD.  
City-State-Zip: NEPTUNE BEACH FL 32266

Title D  
Name WALLIS, BEN WREV.  
Address 12360 WAVY LEAF CT.  
City-State-Zip: JACKSONVILLE FL 32225

Title TR  
Name BRANYON, JOAN MRS.  
Address 34 FAIRWAY RD.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title S  
Name BELL, NORMA SMRS  
Address 1803 OAKBREEZE COURT  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title TRUSTEE  
Name BARKER, DON  
Address 2266 OCEANWALK DR., W.  
City-State-Zip: ATLANTIC BEACH FL 32233

Title TRUSTEE  
Name OAKS, JAMES  
Address 4300 SOUTH BEACH PWY  
UNIT #4301  
City-State-Zip: JACKSONVILLE BEACH FL 32250

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: NORMA S. BELL**

**SECRETARY**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name GUTHRIE, CHARLES  
Address 1158 BOCA GRANDE AVE.  
City-State-Zip: ATLANTIC BEACH FL 32233