

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

DOCUMENT# 720841

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC3355546395**

**Entity Name:** THE FLORIDA GENERAL BAPTIST CONVENTION, INC.

**Current Principal Place of Business:**

347 N RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

PO BOX 11706  
DAYTONA BEACH, FL 32120

**FEI Number: 59-2209109**

**Certificate of Status Desired: Yes**

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

SAMPSON, DR. JAMES B. PRES  
6149 QUIET COUNTRY LANE  
JACKSONVILLE, FL 32218 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPAL  
Name MAEWEATHERS, SR, FRED REV.  
Address 9225 SW 27TH AVENUE  
City-State-Zip: Ocala FL 34476

Title 1 VP  
Name JENKINS, SR., FRANK REV.  
Address 4418 CITADEL DRIVE  
City-State-Zip: PENSACOLA FL 32514

Title CHMN  
Name WARREN, MICHAEL D REV.  
Address 1202 S. CENTRAL AVENUE  
City-State-Zip: APOPKA FL 32703

Title ESEC  
Name EDWARDS, MICHAEL C. REV.  
Address 3623 WOODVIEW DRIVE  
City-State-Zip: ORANGE PARK FL 32206

Title GSEC  
Name PRESTON, C. P. REV.  
Address 2400 N.W. 68TH STREET  
City-State-Zip: MIAMI FL 33147

Title TREA  
Name HAWKINS, JR., WILLIAM REV.  
Address 700 HAZZARD AVENUE  
City-State-Zip: EUSTIS FL 32726

*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: REV. WILLIAM HAWKINS, JR.**

**TREASURER**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date