

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

DOCUMENT# N00000000891

**FILED**  
**Sep 19, 2014**  
**Secretary of State**  
**CC7544783738**

**Entity Name:** NORTH 14TH STREET BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

519 N 14TH ST  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

519 N 14TH ST  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 59-1813127

**Certificate of Status Desired:** Yes

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

MCCLAIN, WILLIE J  
519 NORTH 14TH STREET  
FERNANDINA BEACH, FL 32034 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:** WILLIE J MCCLAIN

09/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MUSIC DIRECTOR  
Name KEMP, ROY  
Address 519 NORTH 14TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title TREASURER  
Name MCCLAIN, JENNY L  
Address 519 NORTH 14TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title SECRETARY  
Name MCCLAIN, JENNY  
Address 815 ADAMS RD.  
City-State-Zip: FERNANDINA BEACH FL 32034

Title CLERK  
Name ROBERTS, PATTI  
Address 519 NORTH 14TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title PASTOR  
Name ROBERTS, REV. NOEL JR.  
Address 519 NORTH 14TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title NURSERY DIRECTOR  
Name EDGE, JEAN  
Address 519 NORTH 14TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title SOUND TECHNICIAN  
Name ROBERTS, NOEL JR.  
Address 519 NORTH 14TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title BENEVOLENCE  
Name TALYOR, JEAN  
Address 519 N 14TH ST  
City-State-Zip: FERNANDINA BEACH FL 32034

**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:** JENNY MCCLAIN

**SECRETARY**

09/19/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PERSONNEL  
Name EDGE, JEAN  
Address 519 N 14TH ST  
City-State-Zip: FERNANDINA BEACH FL 32034