

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008978

Entity Name: TWIN SPRINGS MISSIONARY BAPTIST CHURCH, INC**Current Principal Place of Business:**1830 WEST 45TH STREET
JACKSONVILLE, FL 32209**Current Mailing Address:**1830 WEST 45TH STREET
JACKSONVILLE, FL 32209**FEI Number:** 26-0003008**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SKINNER, CHARLES G. PASTOR
7244 FLORAL RIDGE DR.
JACKSONVILLE, FL 32277 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:** REV. CHARLES G. SKINNER, PASTOR

04/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FOUNDER/ PASTOR
Name SKINNER, CHARLES G. PASTOR
Address 7244 FLORAL RIDGE DRIVE
City-State-Zip: JACKSONVILLE FL 32277

Title C
Name HAMILTON, ED DEACON
Address 1750 POWHATTAN STREET
City-State-Zip: JACKSONVILLE FL 32209

Title D
Name KIMBROUGH, LEMUIEL JR.
Address 3905 STUART STREET
City-State-Zip: JACKSONVILLE FL 32209

Title D
Name GAMBLE, LARRY
Address 7024 ALAN AVENUE
City-State-Zip: JACKSONVILLE FL 32208

Title CHURCH CLERK
Name ROUNDTREE, LATRICE MONA
Address 6710 COLLINS RD
UNIT 2412
City-State-Zip: JACKSONVILLE FL 32244

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. CHARLES G. SKINNER

PASTOR

04/07/2019

Electronic Signature of Signing Officer/Director Detail

Date