

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05556

**Entity Name:** BILTMORE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3525 NORMAN E. THAGARD BLVD.  
C/O NORMAN MCCLOUD  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

3525 NORMAN E. THAGARD BLVD.  
C/O NORMAN MCCLOUD  
JACKSONVILLE, FL 32254

**FEI Number:** 59-1878851

**Certificate of Status Desired:** No

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

MCCLOUD, NORMAN  
6420 OLD MIDDLEBURG ROAD  
JACKSONVILLE, FL 32222 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 D  
Name PATTERSON, JAMES  
Address 3381 SUNNYBROOK AVENUE S  
City-State-Zip: JACKSONVILLE FL

Title DP  
Name MCCLOUD, NORMAN  
Address 6420 OLD MIDDLEBURG RD.  
City-State-Zip: JACKSONVILLE FL

Title DVPT  
Name CREWS, JAMES  
Address 2847 W. 5TH ST.  
City-State-Zip: JACKSONVILLE FL

Title DS  
Name SIMPSON, FAYE  
Address 8130 COLVILLE RD.  
City-State-Zip: JACKSONVILLE FL 32220

Title D  
Name VICKERS, TIMOTHY K  
Address 1590 HOPE VALLEY ROAD  
City-State-Zip: JACKSONVILLE FL

*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:** NORMAN MCCLOUD

DPRESIDENT

05/17/2017

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

\_\_\_\_\_ Date