## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42829

Entity Name: FLORIDA BAPTIST FINANCIAL SERVICES, INC.

FILED
Mar 21, 2017
Secretary of State
CC7473509471

## **Current Principal Place of Business:**

8383 BAYMEADOWS WAY JACKSONVILLE, FL 32256

## **Current Mailing Address:**

P.O. BOX 23069

JACKSONVILLE. FL 32241-3069 US

FEI Number: 59-3063682 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MCCLELLAND, EDDIE L 8383 BAYMEADOWS WAY JACKSONVILLE, FL 32256 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

Date

Officer/Director Detail:

Title D Title I

NameHODGES, PERRY W JRNameSCOTT, ALLISONAddress4700 SHERIDAN STREETAddress1043 PINEVIEW

SUITE 1 City-State-Zip: LIVE OAK FL 32064

City-State-Zip: HOLLYWOOD FL 33021

Title P

Name BOZARD, JOHN W
Name MCCLELLAND, EDDIE L

Address P.O. BOX 23069 Address 2527 PERSHING OAKS PLACE

City-State-Zip: ORLANDO FL 32806
City-State-Zip: JACKSONVILLE FL 32241-3069

Title C

Title D Name BRAY, ROBERT V

Electronic Signature of Signing Officer/Director Detail

Name ANDERSON, LINDA Address 20175 KINDERKEMAC AVENUE

Address 9526 WATERFORD ROAD City-State-Zip: PORT CHARLOTTE FL 33952

Title D

City-State-Zip:

Name MCNEIL, HAROLD
Address 3869 RUSTIC LANE

City-State-Zip: JACKSONVILLE FL 32217

JACKSONVILLE FL 32257

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: EDDIE L. MCCLELLAND P 03/21/2017