

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

DOCUMENT# N43165

**Entity Name:** NORTH PEARL STREET BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

4003 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

4003 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**FEI Number:** 59-3143567

**Certificate of Status Desired:** Yes

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

THOMAS, LARRY  
11645 BRIDGES RD  
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 P  
Name THOMAS, LARRY B  
Address 11645 BRIDGES ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name MITCHELL, JOHNNY L MR.  
Address 2566 VERNON STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title AS  
Name THOMAS, FAYE E MRS.  
Address 11645 BRIDGES RD  
City-State-Zip: JACKSONVILLE FL 32218

Title TRT  
Name SMITH, NEVILLE MR.  
Address 4736 NELMAR PL  
City-State-Zip: JACKSONVILLE FL 32206

Title S  
Name MITCHELL, LOLA MRS.  
Address 2566 VERNON ST  
City-State-Zip: JACKSONVILLE FL 32209

*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:** LOLA W. MITCHELL

**SECRETARY**

**01/21/2014**

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

\_\_\_\_\_  
Date