

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002654

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE FIRST BAPTIST ACADEMY OF JACKSONVILLE, INC.

Current Principal Place of Business:

124 WEST ASHLEY STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

124 WEST ASHLEY STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 26-2880594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHN, JOSEPH L JR
2468 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: BLOUNT, JOHN O
Address: 124 W ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: TS () Change (X) Addition
Name: BROWNLIE, ED
Address: 124 W ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: VANZANT, MARTHA
Address: 124 W ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: BOGAN, JEFF
Address: 124 W ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: BOURDON, LAURIE
Address: 124 W ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: BYRD, DOUG
Address: 124 W ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ED BROWNLIE

TS

04/22/2009

Electronic Signature of Signing Officer or Director

Date