

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008224

Entity Name: RESURRECTION BAPTIST CHURCH, CHRISTIAN CENTER INC.**Current Principal Place of Business:**6046 MONCRIEF ROAD WEST
JACKSONVILLE, FL 32219**Current Mailing Address:**6046 MONCRIEF ROAD WEST
JACKSONVILLE, FL 32219**FEI Number: 16-1636281****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PRINCE, SR, JESSE DEC
3504 PERRY STREET
JACKSONVILLE, FL 32206 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 CEO
Name FOREMAN, SR, GLENN FREV.
Address 6840 VAN GUNDY ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title VP
Name FOREMAN, JR, GLENN FREV.
Address 6840 VAN GUNDY ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title VP
Name FOREMAN, CHERYL SIS.
Address 6840 VAN GUNDY ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title VP
Name WILLIAMS, SHANTEL SIS.
Address 11413 SALT POND DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32219

Title VP
Name PRINCE, JESSE DEA.
Address 3504 PERRY STREET
City-State-Zip: JACKSONVILLE FL 32206

Title VP
Name WARREN, TAMMARRA DEA.
Address 6843 VAN GUNDY ROAD
City-State-Zip: JACKSONVILLE FL 32208

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: SHANTEL WILLIAMS**FINANCIAL SECRETARY****01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date