2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701365

FILED Apr 20, 2009 Secretary of State

Entity Name: TERRY ROAD BAPTIST CHURCH INC.

Current Mailing Address: Current Mailing Address: 6625 TERRY RD JACKSONVILLE, FL 32216 FEI Number: 59-1762284 FEI Number Applied For () FEI Number Not Applicable () Certificate Name and Address of Current Registered Agent: Name and Address of New Regist BARNES, BETTY 2138 LARRY DR WEST JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: PT () Delete Name: Address: 8858 MACARTHUR CT S Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Change () Name: Address: 3129 NAIN ROAD Address: 3129 NAIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Change () Name: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Change () Name: Address: 2138 LARRY OR, WEST Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Z	entity Nam	1e: IEKKYK	OAD BAPTIST CHURCH, INC	J.	
Current Mailing Address: Current Mailing Address: 6625 TERRY RD JACKSONVILLE, FL 32216 FEI Number: 59-1762284 FEI Number Applied For () FEI Number Not Applicable () Certificate Name and Address of Current Registered Agent: Name and Address of New Regist BARNES, BETTY 2138 LARRY DR WEST JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: PT () Delete Title: () Change () Name: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILL	Current Principal Place of Business:			New Principal Place of Business:	
6625 TERRY RD JACKSONVILLE, FL 32216 FEI Number: 59-1762284 FEI Number Applied For () FEI Number Not Applicable () Certificate Name and Address of Current Registered Agent: BARNES, BETTY 2138 LARRY DR WEST JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent De OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: PT () Delete Title: () Change () Name: TURNER, W E Name: Address: 8858 MACARTHUR CT S Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: T () Delete Title: () Change () Name: Address: 3129 NAIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: T () Delete Title: () Change () Name: Address: 2138 LARRY DR. WEST Address: City-St-Zip: JACKSONVILLE, FL 32216			16		
JACKSONVILLE, FL 32216 FEI Number: 59-1762284 FEI Number Applied For () FEI Number Not Applicable () Certificate Name and Address of Current Registered Agent: Name and Address of New Regist BARNES, BETTY 2138 LARRY DR WEST JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current Ma	ailing Addres	s:	New Mailing Addres	s:
Name and Address of Current Registered Agent: BARNES, BETTY 2138 LARRY DR WEST JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or regin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date			16		
BARNES, BETTY 2138 LARRY DR WEST JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	FEI Number: 5	59-1762284	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
2138 LARRY DR WEST JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and A	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
Electronic Signature of Registered Agent	2138 LARR` JACKSONV The above r	Y DR WEST /ILLE, FL 322 named entity s		ourpose of changing its registere	d office or registered agent, or both,
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: PT () Delete Title: () Change () Name: Name: Address: 8858 MACARTHUR CT S Address: City-St-Zip: JACKSONVILLE, FL 32216 Title: T () Delete Title: () Change () Name: Address: 3129 NAIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216 Title: T () Delete Title: () Change () Name: Address: City-St-Zip: Title: T () Delete Title: () Change () Name: BARNES, BETTY Name: Address: 2138 LARRY DR. WEST Address: City-St-Zip: JACKSONVILLE, FL 32216 Title: VPT () Delete Title: () Change () Change ()					
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Name: TURNER, W E Name: Address: 8858 MACARTHUR CT S Address: City-St-Zip: City-St-Zip: Title: T () Delete Title: () Change () Name: FOWLER, WILLIS H Name: Address: 3129 NAIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: T () Delete Title: () Change () Name: BARNES, BETTY Name: Address: 2138 LARRY DR. WEST Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: VPT () Delete Title: () Change ()	OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: FOWLER, WILLIS H Name: Address: 3129 NAIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: T () Delete Title: () Change () Name: BARNES, BETTY Name: Address: 2138 LARRY DR. WEST Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: VPT () Delete Title: () Change ()	Name: Nddress:	TURNER, W E 8858 MACARTH	IUR CT S	Name: Address:	() Change () Addition
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	Name: Address:	BARNES, BETT 2138 LARRY DI	Y R. WEST	Name: Address:	() Change () Addition
Address: 2878 DICKIE CT Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:	Name: ∖ddress:	MURPHY, TOM 2878 DICKIE C	Г	Name: Address:	() Change () Addition

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: BETTY F. BARNES T 04/20/2009