## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 701593**

FILED Feb 03, 2009 Secretary of State

Entity Name: BELFORT ROAD BAPTIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2950 BELFORT ROAD JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** P.O. BOX 47275 JACKSONVILLE, FL 322477275 FEI Number: 59-2925841 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLAZS, JULIUS J 6098 WAKULLA SPRINGS RD JACKSONVILLE, FL 32258 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BLAZS, JULIUS J Name: Name: 6098 WAKULLA SPRINGS RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change () Addition BLAZS, JEANNIE W Name: Name: Address: 6098 WAKULLA SPRINGS RD Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change () Addition MAXWELL, FRED, Name: Name: 1830 DEWEY PLACE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: HILL, ROBERT E Name: 5448 LORI DR SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HILL, BETTY Name: Name: 5448 LORI DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition MAXWELL, MILDRED Name: Name: Address: 1830 DEWEY PLACE Address: JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip:

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: JULIUS J. BLAZS REV. 02/03/2009