2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707448

FILED Feb 18, 2009 Secretary of State

Entity Name: ATLANTIC BOULEVARD BAPTIST CHURCH, INC.

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|--|---|--|
| | LANTIC BLVD IVILLE, FL 32: | 225 | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | LANTIC BLVD IVILLE, FL 32: | 225 | | |
| El Number | : 59-2171484 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and | d Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: |
| 12021 ARI | JAMES T BOR LAKE DF IVILLE, FL 32: | | | |
| | | submits this statement for the | purpose of changing its register | red office or registered agent, or both, |
| n the Stat | e of Florida. | submits this statement for the | purpose of changing its register | red office or registered agent, or both, |
| | e of Florida. RE: | submits this statement for the particular that submits this statement for the particular that submits the particul | | red office or registered agent, or both, Date |
| n the Stat | e of Florida. RE: | nic Signature of Registered Ag | ent | |
| n the Stat | e of Florida. RE: Electrol S AND DIREC | nic Signature of Registered Ag CTORS:) Delete RENCE, SON RD | ent | Date |
| n the Stati SIGNATU DFFICER Fitle: Name: Address: | e of Florida. RE: Electron S AND DIREC DT (HARRIS, FLOF 1714 JEFFERS JACKSONVILL | nic Signature of Registered Age CTORS:) Delete RENCE, SON RD LE, FL 00000,) Delete RICIA A. LAKE DR | ent ADDITIONS/CHANC Title: Name: Address: | Date GES TO OFFICERS AND DIRECTO |
| n the Stati BIGNATU DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: | e of Florida. RE: Electrol S AND DIREC DT (HARRIS, FLOF 1714 JEFFER: JACKSONVILL DS (RIGDON, PATE 12021 ARBOR JACKSONVILL | nic Signature of Registered Age CTORS:) Delete RENCE, SON RD E, FL 00000,) Delete RICIA A. LAKE DR E, FL 00000,) Delete ES T. LAKE DR | ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | Date GES TO OFFICERS AND DIRECTO () 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: PATRICIA ANN RIGDON DS 02/18/2009