2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 708640 Mar 05, 2007 08:00 AM 1. Entity Name Secretary of State WEST JACKSONVILLE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 5634 NORMANDY BLVD JACKSONVILLE FL 32205 5634 NORMANDY BLVD JACKSONVILLE FL 32205 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-0911199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, RODNEY L Street Address (P.O. Box Number is Not Acceptable) 2917 TURNING LEAF LANE JACKSONVILLE FL 32221 Zip Code 8. 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. I am familiar with, and accept the obligations of realistered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstailing) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Deleie THILE Change Addition NAME KELLEY, RODNEY L NAME U00000656297 03/14/07-80019-022 61.25 STREET ADDRESS STREET ADDRESS 2917 TURNING LEAF LANE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32221 THE VΡ ☐ Delete TITLE ☐ Change Addition NAME NAME W.W. MEEKS STREET ADDRESS STREET ADDRESS 7770 BURMA RD CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP TITLE IIILE ☐ Change ☐ Delete Addition SD NAME NAME SAPP, TOMMY STREET ADDRESS STREET ADDRESS 8245 OLD PLANK ROAD CHY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32220 Delete TITLE Change Addition NAME NAME SMITH, GEORGE STREET ADDRESS STRECT ADDRESS 7748 STILLWELL ROAD CITY-SI-7IP CITY-ST-ZIP JACKSONVILLE FL TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CITY-ST-ZIP TITLE Delete HTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP

SIGNATURE: Podrey L. Helley 3/37/07 901-781-4321

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other than one of the corporation of the