


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-08-2008 90042 012 ****61.25

DOCUMENT # 708640
 1. Entity Name
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.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0911199** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KELLEY, RODNEY L
2917 TURNING LEAF LANE
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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, registered agent.
 SIGNATURE *Rodney L. Kelley*
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature is required when re-registering) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLEY, RODNEY L	
STREET ADDRESS	2917 TURNING LEAF LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	W.W. MEEKS	
STREET ADDRESS	7770 BURMA RD	
CITY - ST - ZIP	JACKSONVILLE FL 32221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAPP, TOMMY	
STREET ADDRESS	8245 OLD PLANK ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32220	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE	
STREET ADDRESS	7748 STILLWELL ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby 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 like empowered.

SIGNATURE: *Rodney L. Kelley* **3-3-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Filed #



1st MOORE CR2E037 (10/07)