

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710882

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: FIRST BAPTIST CHURCH, JACKSONVILLE BEACH, FLORIDA

**Current Principal Place of Business:**

324 N 5TH STREET  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

324 N 5TH STREET  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

324 N 5TH STREET  
JACKSONVILLE, FL 32250

**New Mailing Address:**

324 N 5TH STREET  
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-6001024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLIS, BEN W REV.  
12360 WAVY LEAF CT.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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:**

Title: TR ( ) Delete  
Name: GILLIS, JAMES MR.  
Address: 800 N. 10TH ST.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: T ( ) Delete  
Name: BEASLEY, GERALD MR.  
Address: 1115 N 16 AVE  
City-St-Zip: JACKSONVILLE BCH., FL 32250 US

Title: TR ( ) Delete  
Name: POPE, ELLIS MR.  
Address: 1310 FLORIDA BLVD.  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: D ( ) Delete  
Name: WALLIS, BEN W REV.  
Address: 12360 WAVY LEAF CT.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TR ( ) Delete  
Name: BRANYON, JOAN MRS.  
Address: 34 FAIRWAY RD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: S ( ) Delete  
Name: BELL, NORMA S MRS  
Address: 1803 OAKBREEZE COURT  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NORMA S. BELL

S

03/24/2009

Electronic Signature of Signing Officer or Director

Date