

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713424

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** REGENCY BAPTIST TEMPLE, INC.

**Current Principal Place of Business:**

1130 REGERO ROAD  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

1130 ROGERO ROAD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

1130 REGERO ROAD  
JACKSONVILLE, FL 32211

**New Mailing Address:**

1130 ROGERO ROAD  
JACKSONVILLE, FL 32211

**FEI Number:** 23-7336029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLOWERS, RALPH B.  
3580 SIMCA DRIVE WEST  
JACKSONVILLE, FL 32277 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: PD ( ) Delete  
Name: FLOWERS, RALPH  
Address: 3580 SIMCA DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: REGINA, GARY  
Address: 1007 PLANTATION OAKS DR E  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S ( ) Delete  
Name: FLOWERS, CATHY  
Address: 3580 SIMCA DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Delete  
Name: ALEXANDER, DONNA L  
Address: 1935 AFTON LANE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: BAKER, MIKE  
Address: 2575 WHITEHORSE RD W  
City-St-Zip: JACKSONVILLE, FL 32246

**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:

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: RALPH B. FLOWERS

PD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date