

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725481

FILED
Jan 25, 2008
Secretary of State

Entity Name: HENDRICKS AVENUE BAPTIST CHURCH

Current Principal Place of Business:

4001 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4001 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-0711173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAUSS, CAROLE
2470 CASTELLON DR. N.
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

HUMBERT, LARAINÉ
1440 LIVE OAK LANE
JACKSONVILLE, FL 32207 US

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: LARAINÉ HUMBERT

01/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MITCHELL, IV, JOHN A
Address: 4444 CATHYS CLUB LANE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: P () Delete
Name: REESE, KYLE T
Address: 2451 SEDGWICK PLACE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: T () Delete
Name: LOWE, MARCELLA A
Address: 1405 CARLOTTA RD W
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: S () Delete
Name: FAUSS, CAROLE C
Address: 2470 CASTELLON DR. NO
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D () Delete
Name: MATTESON, CHRISTINE
Address: 915 OLD GROVE MNR
City-St-Zip: JACKSONVILLE, FL 32207 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: S (X) Change () Addition
Name: HUMBERT, LARAINÉ
Address: 1440 LIVE OAK LN
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Change () Addition
Name: BRIDGMAN, MARY
Address: 3465 HIDDEN LAKE DR E
City-St-Zip: JACKSONVILLE, FL 32216 US

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: LARAINÉ HUMBERT

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01/25/2008

Electronic Signature of Signing Officer or Director

Date