

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726056

FILED
Apr 02, 2008
Secretary of State

Entity Name: ARLINGTON BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

6009 ARLINGTON RD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6009 ARLINGTON RD.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0803199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, MARY ANN
3929 CHEROKEE VILLA LANE
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: NEWTON, JOSEPH R
Address: 3047 CAPTIVA BLUFF RD. N
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD () Delete
Name: NORTON, LEN
Address: 3563 HOOVER LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD () Delete
Name: HOLLAND, BONNIE
Address: 7569 TRAILS END
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: RICKS, HAROLD
Address: 6932 LENCZYK DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: ANDERSON, MARY ANN
Address: 3929 CHEROKEE VILLA LANE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEWTON, JOSEPH R
Address: 3907 ARROW POINT TRAIL W.
City-St-Zip: JACKSONVILLE, FL 32277

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

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

Title: TD (X) Change () Addition
Name: ALLEN, TERI
Address: 6187 RAINTREE ROAD
City-St-Zip: JACKSONVILLE, FL 32277

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: MARY ANN ANDERSON

RA

04/02/2008

Electronic Signature of Signing Officer or Director

Date