2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 726056

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: 3907 ARROW POINT TRAIL W.
City-St-Zip: JACKSONVILLE, FL 32277

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: ALLEN, TERI
Address: 6187 RAINTREE ROAD
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: ROLLINS, ROY
Address: 1731 NETTINGTON CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD (X) Change ( ) Addition
Name: NORMAN, LISA
Address: 13912 WEBB ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: LISA NORMAN SD 03/26/2009
Electronic Signature of Signing Officer or Director — Date