

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734962

FILED
Apr 23, 2008
Secretary of State

Entity Name: MURRAY HILL BAPTIST CHURCH

Current Principal Place of Business:

4300 POST STREET
JACKSONVILLE, FL 322052299

New Principal Place of Business:

Current Mailing Address:

4300 POST STREET
JACKSONVILLE, FL 322052299

New Mailing Address:

FEI Number: 59-0737892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CAROLYN A
4300 POST STREET
JACKSONVILLE, FL 32205 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: T () Delete
Name: MORGAN, JOHN C
Address: 10727 FALL CREEK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32222

Title: P () Delete
Name: AXTELL, DOUG
Address: 1824 VISTA LAKES DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: HARGNETT, KEVIN
Address: 691 CHERRY GROVE ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: REDD, BETTY
Address: 2442 CAPTAIN COURT
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: OAKES, BEVERLY
Address: 5614 LAMOYA AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: COBB, DAVID
Address: 4637 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WHITE, ANN M
Address: 6299 IRONSIDE DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: T (X) Change () Addition
Name: MILLIGAN, LOUISE
Address: 5244 SECLUDED OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: T (X) Change () Addition
Name: LEHR, SUSAN
Address: 5322 SECLUDED OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32244

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: DOUGLAS AXTELL

PAST

04/23/2008

Electronic Signature of Signing Officer or Director

Date