

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735804

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** MT. LEBANON MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

9319 RIDGE BLVD  
P O BOX 9590  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

9319 RIDGE BLVD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

9319 RIDGE BLVD  
P O BOX 9590  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 59-2478734      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

YARBER, NANCY  
6360 FERBER ROAD  
JACKSONVILLE, FL 32277      US

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

YARBER, NANCY  
1804 BROWARD ROAD  
JACKSONVILLE, FL 32218      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: NANCY YARBER

03/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: YARBER, NANCY,  
Address: 6360 FERBER ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: CEOD      ( ) Delete  
Name: YARBER, LEWIS N,  
Address: 6360 FERBER ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D      ( ) Delete  
Name: THOMAS, MARY L.,  
Address: 9319 RIDGE BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D      ( ) Delete  
Name: LONG, LINDA  
Address: 3219 BREVE RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D      ( ) Delete  
Name: LONG, WILHELMENIA  
Address: 7234 ELWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: YARBER, NANCY,  
Address: 1804 BROWARD ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: CEOD      (X) Change ( ) Addition  
Name: YARBER, NANCY,  
Address: 1804 BROWARD ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

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 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: NANCY YARBER

PD

03/02/2007

Electronic Signature of Signing Officer or Director

Date