

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737890

FILED
Apr 11, 2008
Secretary of State

Entity Name: WESCONNETT CHURCH OF CHRIST, INC.

Current Principal Place of Business:

5223 WESCONNETT BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7777
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 59-1666344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POARCH, BERT P. JR.
5223 WESCONNETT BLVD.
JACKSONVILLE, FL 32210 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: SD () Delete
Name: BARNES, DAVE,
Address: 5223 WESCONNETT BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD () Delete
Name: POARCH, BERT P JR,
Address: 5223 WESCONNETT BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VD () Delete
Name: SMITHERMAN, DENNY
Address: 5223 WESCONNETT BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: ANDERSON, MICHAEL
Address: 5223 WESCONNETT BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

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: () 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: DAVE BARNES

SD

04/11/2008

Electronic Signature of Signing Officer or Director

Date