2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 737890

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: BERT P. POARCH JR. PD 03/19/2009

Electronic Signature of Signing Officer or Director — Date