

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743047

FILED
Apr 26, 2009
Secretary of State

Entity Name: TRUSTEE CORPORATION OF THE JACKSONVILLE HEIGHTS BAPTIST CHURCH

Current Principal Place of Business:

6730 RICKER ROAD
JACKSONVILLE, FL 322440518

New Principal Place of Business:

Current Mailing Address:

6730 RICKER ROAD
JACKSONVILLE, FL 322440518

New Mailing Address:

FEI Number: 59-2197538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARL, FRANKLIN
142 OLD HARD RD
ORANGE PARK, FL 32003 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: PT () Delete
Name: JOHNSON, JAMES R.
Address: 7006 TAMPICO RD., SO.
City-St-Zip: JACKSONVILLE, FL 32244

Title: VT (X) Delete
Name: LESTER, JAMES
Address: 7016 HAFFORD LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: ST () Delete
Name: CARD, ARLANDER
Address: 422 ARORA BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: TT () Delete
Name: RODGERS, JOHN
Address: 9079 NOROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: LESTER, JAMES
Address: 7016 HAFFORD LANE
City-St-Zip: JACKSONVILLE, FL 32244

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: JAMES LESTER

PT

04/26/2009

Electronic Signature of Signing Officer or Director

Date