

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745853

FILED
Jan 15, 2009
Secretary of State

Entity Name: WEST JACKSONVILLE ADVENT CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

8376 NORMANDY BLVD
JACKSONVILLE, FL 322216653

New Principal Place of Business:

Current Mailing Address:

8376 NORMANDY BLVD
JACKSONVILLE, FL 322216653

New Mailing Address:

FEI Number: 59-6143983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIS, LOGAN R REV
9091 CASTLE ROCK DR
JACKSONVILLE, FL 32221 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: CD () Delete
Name: OLSEN, DANIEL
Address: 4833 LOFTY PINE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32210

Title: MD () Delete
Name: MULLIS, LOGAN R REV
Address: 9091 CASTLE ROCK
City-St-Zip: JACKSONVILLE, FL 32221

Title: S () Delete
Name: WILLIAMS, MELANIE
Address: 31 FAIRWAY RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: FC () Delete
Name: BLAQUIERE, MONICA
Address: 5831 LONG COVE DR
City-St-Zip: JACKSONVILLE, FL 32222

Title: TD () Delete
Name: O'BERRY, BARBARA
Address: 6328 LAKE PLANTATION DR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: EVANS, STEVE
Address: 9729 ALVIN RD S
City-St-Zip: JACKSONVILLE, FL 32222

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

Title: S (X) Change () Addition
Name: ALLEN, LIZA
Address: 4517 PLYMOUTH ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: FC (X) Change () Addition
Name: WILLIAMS, MELANIE
Address: 31 FAIRWAY RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD (X) Change () Addition
Name: CARVER, KIM
Address: 3880 STRATTON LN
City-St-Zip: JACKSONVILLE, FL 32221

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: R. LOGAN MULLIS

MD

01/15/2009

Electronic Signature of Signing Officer or Director

Date