

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745853

FILED  
Jan 04, 2010  
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:**

8376 NORMANDY BLVD  
JACKSONVILLE, FL 322216653 US

**Current Mailing Address:**

8376 NORMANDY BLVD  
JACKSONVILLE, FL 322216653

**New Mailing Address:**

8376 NORMANDY BLVD  
JACKSONVILLE, FL 322216653 US

**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  
Name: EVANS, STEVE  
Address: 9729 ALVIN RD S  
City-St-Zip: JACKSONVILLE, FL 32222

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

Title: S  
Name: ALLEN, LIZA  
Address: 4517 PLYMOUTH ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: FC  
Name: WILLIAMS, MELANIE  
Address: 31 FAIRWAY RD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD  
Name: CARVER, KIM  
Address: 3880 STRATTON LN  
City-St-Zip: JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

SIGNATURE: R. LOGAN MULLIS

MD

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date