2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 749119

Entity Name: EBENEZER BAPTIST CHURCH OF JEFFERSON COUNTY, FLORIDA, INC.

Current Principal Place of Business:

427 HATCHETT ROAD
LAMONT, FL 32336 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 652
MONTICELLO, FL 32345 US

New Mailing Address:

FEI Number: 59-2352645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, CAROLYN
28 CAMPBELL ROAD
LAMONT, FL 32336 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:	TD	( ) Delete
Name:	CAMPBELL, CAROLYN	
Address:	28 CAMPBELL ROAD	
City-St-Zip:	LAMONT, FL 32336	
Title:	D	( ) Delete
Name:	COURSON, CLAY	
Address:	2750 OLD ST. AUGUSTINE RD. APT. T206	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VD	( ) Delete
Name:	COURSON, RUSSELL	
Address:	2539 ST. AUGUSTINE RD	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	PD	( ) Delete
Name:	CAMPBELL, GREG	
Address:	28 CAMPBELL ROAD	
City-St-Zip:	LAMONT, FL 32336	

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: CAROLYN CAMPBELL TD 04/24/2009

Electronic Signature of Signing Officer or Director — Date