

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749119

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**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:**

P.O. BOX 652  
LAMONT, FL 32345

**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:**

CAMPBELL, CAROLYN A TREASUR  
28 CAMPBELL ROAD  
LAMONT, FL 32336 US

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: CAROLYN A. CAMPBELL

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: CAMPBELL, CAROLYN A  
Address: 28 CAMPBELL ROAD  
City-St-Zip: LAMONT, FL 32336

Title: D  
Name: COURSON, CLAY  
Address: 194 KIMS LANE  
City-St-Zip: LAMONT, FL 32336

Title: VD  
Name: COURSON, RUSSELL  
Address: 2539 ST. AUGUSTINE RD  
City-St-Zip: MONTICELLO, FL 32344

Title: PD  
Name: CAMPBELL, GREG  
Address: 28 CAMPBELL ROAD  
City-St-Zip: LAMONT, FL 32336

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: CAROLYN A. CAMPBELL

TD

04/30/2010

Electronic Signature of Signing Officer or Director

Date