

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751296

FILED
Apr 27, 2009
Secretary of State

Entity Name: PHILIPPIAN COMMUNITY CHURCH, INCORPORATED

Current Principal Place of Business:

7578 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

7578 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Mailing Address:

P. O. BOX 40589
JACKSONVILLE, FL 32203

FEI Number: 59-2061778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, VIRGIL C SR
4468 CATHEYS CLUB LANE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

JONES, VIRGIL C SR
7578 NEW KINGS ROAD
JACKSONVILLE, FL 32219 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:

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, VIRGIL C SR
Address: 946 TORTOISE WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: BROWN, GREGORY
Address: 3132 HEARTHSTONE LANE
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Delete
Name: JONES, MARY J
Address: 946 TORTOISE WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: WRIGHT, DEBORAH A
Address: 834 MAGIC COVE LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: BM () Delete
Name: BROWN, WILLIAM
Address: 11643 JACKMAN COVE LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: HM (X) Delete
Name: CALLAHAN, DELORES D
Address: 12637 BISCAYNE LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, VIRGIL C SR
Address: 7578 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

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

Title: T (X) Change () Addition
Name: JONES, MARY J
Address: 7578 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

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: VIRGIL C. JONES, SR.

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date