

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# 759877

Entity Name: FIRST COAST CHRISTIAN CENTER OF THE ASSEMBLIES OF GOD, INC. OF THE CITY OF JACKSONVILLE, STATE OF FLORIDA

Current Principal Place of Business:

2724 NEW BERLIN RD
JACKSONVILLE, FL 322261756

New Principal Place of Business:

Current Mailing Address:

2724 NEW BERLIN RD
JACKSONVILLE, FL 322261756

New Mailing Address:

FEI Number: 59-1944384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAPP, KENNETH
14106 YELLOWBLUFF RD.
JACKSONVILLE, FL 32226 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: PD () Delete
Name: FRUSCELLA, PERRY M
Address: 3040 HUCKLEBERRY LANE
City-St-Zip: JAX, FL 32226

Title: TD () Delete
Name: MILLER, JASON
Address: 103 ST. THOMAS STREET
City-St-Zip: YULEE,, FL 32097 56

Title: SD () Delete
Name: SAPP, KENNETH
Address: 14106 YELLOWBLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: ARNOLD, JOY
Address: 13022 DUNN CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: TURNER, STEVEN
Address: 10167 LAKE VIEW ROAD W.
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: KENNETH SAPP

SD

03/05/2008

Electronic Signature of Signing Officer or Director

_____ Date