# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 759877**

FILED Jan 14, 2009 Secretary of State

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:** New Principal Place of Business:

2724 NEW BERLIN RD 2724 NEW BERLIN RD

JACKSONVILLE, FL 322261756 JACKSONVILLE, FL 322261756 US

**Current Mailing Address: New Mailing Address:** 

2724 NEW BERLIN RD 2724 NEW BERLIN RD

JACKSONVILLE, FL 322261756 JACKSONVILLE, FL 322261756 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAPP, KENNETH 14106 YELLOWBLUFF RD. JACKSONVILLE, FL 32226 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:

Date

### Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FRUSCELLA, PERRY M FRUSCELLA, PERRY M Name: Name:

3040 HUCKLEBERRY LANE Address: 3040 HUCKLEBERRY LANE Address:

City-St-Zip: JAX, FL 32226 City-St-Zip: JAX, FL 32226 US

Title: TD Title: (X) Change ( ) Addition ( ) Delete

MILLER, JASON Name: TURNER, STEPHEN Name: Address: 103 ST. THOMAS STREET Address: 10167 LAKEVIEW RD W City-St-Zip: YULEE,, FL 32097 56 City-St-Zip: JACKSONVILLE,, FL 32226

Title: () Delete Title: () Change () Addition

SAPP, KENNETH Name: Name: 14106 YELLOWBLUFF RD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip:

Title: () Delete Title: () Change () Addition

ARNOLD, JOY Name: Name: 13022 DUNN CREEK ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

TURNER, STEVEN RICARDO, ANTHONY Name: Name: 10167 LAKE VIEW ROAD W. 12537 DUNN CREEK RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32218 US

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: PERRY M FRUSCELLA PD 01/14/2009