2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N00000001543

Entity Name: GREATER MONCRIEF MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1453 W. 22ND ST.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1453 W. 22ND ST.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3120050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNINGS, LESLIE
1453 W. 22ND ST.
JACKSONVILLE, FL 32209 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: D ( ) Delete
Name: THOMAS, QUOVADIS REV. DR
Address: 1801 KEY BISCAYNE WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: THOMAS, CLARENCE
Address: 1334 W. 32ND ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: JORDAN, WILLIAM
Address: 3212 RHONE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: JENNINGS, LESLIE
Address: 1594 W 29TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: HAMMETT, NOAH
Address: 1476 W. 22ND ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: NEAL, PATRICIA
Address: 5804 GERANIUM RD.
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: REV. DR. QUOVADIS THOMAS D 02/24/2009

Electronic Signature of Signing Officer or Director — Date