

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005579

FILED
Apr 04, 2010
Secretary of State

Entity Name: MELCHIZADEK BAPTIST CHURCH FOR THE DEAF, INC.

Current Principal Place of Business:

6708 BEACH BLVD
JACKSONVILLE, FL 322164500

New Principal Place of Business:

7003 HOLIDAY ROAD NORTH
JACKSONVILLE, FL 322169119 US

Current Mailing Address:

7003 HOLIDAY RD N
JACKSONVILLE, FL 322169119

New Mailing Address:

7003 HOLIDAY RD N
JACKSONVILLE, FL 322169119 US

FEI Number: 59-3666727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, MARY A
7003 HOLIDAY ROAD NORTH
JACKSONVILLE, FL 322169119 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
Name: JOHNSON, VONN DR.
Address: 7003 HOLIDAY RD NORTH
City-St-Zip: JACKSONVILLE, FL 322169119 US

Title: TSD
Name: JOHNSON, MARY A MRS.
Address: 7003 HOLIDAY RD NORTH
City-St-Zip: JACKSONVILLE, FL 322169119 US

Title: D
Name: ULMER, JAMES C JR.
Address: 8433 SOUTHSIDE BLVD APT 2706
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

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: MARY A. JOHNSON

TSD

04/04/2010

Electronic Signature of Signing Officer or Director

Date