2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N01000006300

Entity Name: JACKSONVILLE BEACH CHURCH OF CHRIST, INC.

Current Principal Place of Business:

422 NORTH 5TH AVE
JACKSONVILLE BCH, FL 32250

New Principal Place of Business:

Current Mailing Address:

PO BOX 51153
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 74-3012278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TUTOR, TYRA
109 BELVEDERE PLACE
PONTE VEDRA BEACH, FL 32082 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:	SECR	( ) Delete
Name:	JORDAN, GLEN DIRECTO	
Address:	422 NORTH 5TH AVE	
City-St-Zip:	JACKSONVILLE BCH, FL 32250	
Title:	DIRE	( ) Delete
Name:	RUMMEL, RICHARD DIRECTO	
Address:	422 NORTH 5TH AVE	
City-St-Zip:	JACKSONVILLE BCH, FL 32250	
Title:	PRES	( ) Delete
Name:	BOWMAN, STEVE DIRECTO	
Address:	422 NORTH 5TH AVE	
City-St-Zip:	JACKSONVILLE BCH, FL 32250	
Title:	VP	( ) Delete
Name:	WILLIAM, ROY DIRECTO	
Address:	422 NORTH 5TH AVE	
City-St-Zip:	JACKSONVILLE BCH, FL 32250	
Title:	TREA	( ) Delete
Name:	TUTOR, TYRA H TREASUR	
Address:	422 NORTH 5TH AVE	
City-St-Zip:	JACKSONVILLE BCH, FL 32250	

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: TYRA TUTOR TREA 01/16/2009

Electronic Signature of Signing Officer or Director — Date