

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008224

FILED
Feb 27, 2009
Secretary of State

Entity Name: RESURRECTION BAPTIST CHURCH, CHRISTIAN CENTER INC.

Current Principal Place of Business:

6046 MONCRIEF ROAD WEST
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

PO BOX 9319
JACKSONVILLE, FL 32208

New Mailing Address:

6046 MONCRIEF ROAD WEST
JACKSONVILLE, FL 32219

FEI Number: 16-1636281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRINCE, SR, JESSE DEC
3504 PERRY STREET
JACKSONVILLE, FL 32206 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: CEO () Delete
Name: FOREMAN, SR, GLENN F REV.
Address: 6840 VAN GUNDY ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: FOREMAN, JR, GLENN F REV.
Address: 6840 VAN GUNDY ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: FOREMAN, CHERYL SIS.
Address: 6840 VAN GUNDY ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: WILLIAMS, SHANTEL SIS.
Address: 11413 SALT POND DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP () Delete
Name: PRINCE, JESSE DEA.
Address: 3504 PERRY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP () Delete
Name: GOODEN, CHARLES DEA.
Address: 1404 W 9TH STRESST
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
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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: SHANTEL WILLIAMS

VP

02/27/2009

Electronic Signature of Signing Officer or Director

Date