

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000598

FILED
Apr 22, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA SECOND ECCLESIASTICAL JURISDICTION, INC.

Current Principal Place of Business:

2179 EMERSON STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2179 EMERSON STREET
JACKSONVILLE, FL 32207

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROBINSON, BISHOP E
12308 FLYNN WOODS ROAD
JACKSONVILLE, FL 32223 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: DC () Delete
Name: ROBINSON, EDWARD SR.
Address: 12308 FLYNN WOODS ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV () Delete
Name: LEE, JOHN
Address: PO BOX 477
City-St-Zip: GRETN, FL 32332

Title: DS () Delete
Name: WALKER, LOVERSO
Address: 1119 LAKEWOOD PARK DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DS () Delete
Name: JOHNSON, CEDRIC
Address: 3467 WENTWORTH CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS () Delete
Name: EASON, MILDRED
Address: 2175 WINTERMERE POINTE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: LITTLE, CHARLIE
Address: 39604 PLUMAGO LANE
City-St-Zip: DADE CITY, FL 33525

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: ROBINSON, EDWARD SR.

DC

04/22/2009

Electronic Signature of Signing Officer or Director

Date