2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008
Secretary of State

DOCUMENT# N03000001975

Entity Name: DISCIPLES OF CHRIST CHRISTIAN FELLOWSHIP MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2061 EDGEWOOD AVENUE W.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9153
JACKSONVILLE, FL 322089153

New Mailing Address:

FEI Number: 33-1048127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LECOUNT, ROBERT JR.
1548 WEST 26TH STREET
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: CD ( ) Delete
Name: LECOUNT, ROBERT J PASTOR
Address: 1548 WEST 26TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: LECOUNT, DIANE
Address: 1548 WEST 26TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: HEARN, AVARN SR.
Address: 1919 ORLEAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: ROBERT LECOUNT CD 05/23/2008

Electronic Signature of Signing Officer or Director — Date