2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N03000010636

Entity Name: LIFE IN THE SPIRIT CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

10646 HAVERFORD RD.
#8
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 77279
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 84-1631363 **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:

WILLIAMS, COREY
11035 APPLE BLOSSOM TRAIL EAST
JACKSONVILLE, FL 32218 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: PRES ( ) Delete
Name: WILLIAMS, COREY
Address: 11035 APPLE BLOSSOM TRAIL E.
City-St-Zip: JACKSONVILLE, FL 32218

Title: V ( ) Delete
Name: WILLIAMS, TOMEKIA
Address: 11035 APPLE BLOSSOM TRAIL E.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: JOHNSON, DAVID
Address: 12416 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: BROOKS, ROBERT
Address: 10646-8 HAVERFORD RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: WAY, ROSE
Address: 848 TORTOISE WAY
City-St-Zip: JACKSONVILLE, FL 32218

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: D (X) Change ( ) Addition
Name: WAY, ROSE
Address: 10646-8 HAVERFORD RD
City-St-Zip: JACKSONVILLE, FL 32218

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: DAVID JOHNSON DIR 06/15/2009

Electronic Signature of Signing Officer or Director — Date