

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007082

FILED
May 03, 2009
Secretary of State

Entity Name: THE EXODUS BIBLE CHURCH, INC.

Current Principal Place of Business:

2360 KINGS ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

4715 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32277

Current Mailing Address:

2097 DERBY COURT
ORANGE PARK, FL 32073

New Mailing Address:

4715 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32277

FEI Number: 20-1364324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ODOM, CARL JR
2360 KINGS ROAD
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

ODOM, CARL JR
4715 UNIVERSITY BLVD. N
JACKSONVILLE, FL 32277 US

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: CARL ODOM, JR.

05/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ODOM, CARL W REV
Address: 2097 DERBY CT
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: ODOM, DERIDRE L
Address: 2097 DERBY COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: TREA () Delete
Name: PELZER, SHARON C
Address: 5236 MAGNOLIA CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: BARRIGHER, SHARON
Address: 4301 CONFEDERATE POINT RD #136
City-St-Zip: JACKSONVILLE, FL 32210

Title: TRUS (X) Delete
Name: BRONW, HENRY J DEACON
Address: 4715 UNIVERSITY BLVD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ODOM, CARL W REV
Address: 4715 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32277

Title: V (X) Change () Addition
Name: ODOM, DERIDRE L
Address: 4715 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32277

Title: TREA (X) Change () Addition
Name: BROWN, HENRY J DEACON
Address: 4715 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32277

Title: S (X) Change () Addition
Name: BARRIGHER, SHARON
Address: 4576 WHISPERING INLET DR.
City-St-Zip: JACKSONVILLE, FL 32277

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: CARL W. ODOM, JR

PRES

05/03/2009

Electronic Signature of Signing Officer or Director

Date