2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N05000002279

Entity Name: NEW FOUNTAIN CHAPEL AME CHURCH INC.

Current Principal Place of Business:

737 JESSIE STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

737 JESSIE STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3137281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIRKLAND, LOUIS C REV.
737 JESSIE 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: PD ( ) Delete
Name: KIRKLAND, LOUIS C
Address: 6749 GASPER CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32219

Title: VPD ( ) Delete
Name: DAVIS, SAMUEL
Address: 1252 W. 31ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete
Name: JAMES, ROSEMARY
Address: 2834 PHYLLIS STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete
Name: JACKSON, JOYCE
Address: 2030 KINGSTON STREET
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
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: LOUIS C. KIRKLAND PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date