2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N05000004306

Entity Name: FELLOWSHIP OF BELIEVERS OF JACKSONVILLE, INC.

Current Principal Place of Business:

11914 CLEARWATER OAKS DRIVE WEST
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11914 CLEARWATER OAKS DRIVE WEST
JACKSONVILLE, FL 32223

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:

STAPLES, SHERMAN
11914 CLEARWATER OAKS DRIVE WEST
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:	P	( ) Delete
Name:	STAPLES, SHERMAN	
Address:	11914 CLEARWATER OAKS DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	S	( ) Delete
Name:	STAPLES, CAROLYN	
Address:	11914 CLEARWATER OAKS DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	T	( ) Delete
Name:	YOUNG, NANCY	
Address:	6230 MANEY DRIVE SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	BURLING, NANCY	
Address:	7848 LAKESIDE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	GRUBBS, RICHARD	
Address:	7589 FAWN LAKE DRIVE SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	CHADDOCK, MEGAN D	
Address:	12427 SUGARBERRY WAY	
City-St-Zip:	JACKSONVILLE, FL 32226	

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: MEGAN D CHADDOCK D 03/07/2009
Electronic Signature of Signing Officer or Director — Date