2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N05000011433

Entity Name: MISSIONWAY COMMUNITY CHURCH, INC. OF JACKSONVILLE, FLORIDA

Current Principal Place of Business:

10575 OLD DIXIE HWY
PONTE VEDRA BEACH, FL 32081 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 600383
JACKSONVILLE, FL 32260 US

New Mailing Address:

10575 OLD DIXIE HWY
PONTE VEDRA BEACH, FL 32081 US

FEI Number: 20-3678133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENSON, RONALD V PASTOR
10465 DEERFOOT LANE NORTH
JACKSONVILLE, FL 32257 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: PST ( ) Delete
Name: HENSON, RONALD V PASTOR
Address: 10465 DEERFOOT LANE, N
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete
Name: WELSH, TYRONE
Address: 4160 BIRMINGHAM RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete
Name: KRAMER, MELISSA R
Address: 1035 EAGLE POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D ( ) Delete
Name: WILBANKS, JOHN
Address: 4249 KINCARDINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: RAINES, DIANE
Address: 4090 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

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:

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: MELISSA KRAMER T 04/04/2009

Electronic Signature of Signing Officer or Director — Date