

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003744

FILED  
Jul 31, 2008  
Secretary of State

**Entity Name:** ANSWERING THE CALL OUTREACH MINSTRIES JACKSONVILLE, INC.

**Current Principal Place of Business:**

5508 WESCONNECT BLVD  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

5508 WESCONNETT BLVD  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

436 1/2 NORTH OKEFEONKEE DRIVE  
FOLKSTON, GA 31537

**New Mailing Address:**

**FEI Number:** 42-1700343      **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:**

COOPER- HAMPTON, KEVA  
5508 WESCONNECT BLVD  
JACKSONVILLE, FL 32244      US

**Name and Address of New Registered Agent:**

COOPER- HAMPTON, KEVA  
5508 WESCONNETT BLVD  
JACKSONVILLE, FL 32244      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: \_\_\_\_\_

07/31/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COOPER - HAMPTON, KEVA PASTOR  
Address: 436 1/2 NORTH OKEFENOKEE DRIVE .  
City-St-Zip: FOLKSTON, GA 31537

Title: T      ( ) Delete  
Name: COOPER, WALTER SR.  
Address: 5577 ROBERTS ROAD  
City-St-Zip: CALLAHAN, FL 32011

Title: ADM      ( ) Delete  
Name: MAYERS, KIMBERLY  
Address: 6736 HARLOW BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC      ( ) Delete  
Name: HAIRSTON, BRENDA  
Address: 500 - CHAFEE ROAD LOT 184  
City-St-Zip: JACKSONVILLE, FL 32221

Title: T      ( ) Delete  
Name: COOPER, TERRIE  
Address: 5577 ROBERTS ROAD  
City-St-Zip: JACKSONVILLE, FL 322011

Title: A      ( ) Delete  
Name: JOYCE, JONES  
Address: 5508 WESCONNECT BLVD  
City-St-Zip: JACKSONVILLE, FL 32244

**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:      ( ) 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: TERRIE COOPER

MS

07/31/2008

Electronic Signature of Signing Officer or Director

Date