2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N06000003744

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

Current Principal Place of Business:

5508 WESCONNETT BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

436 1/2 NORTH OKEFEONOKEE 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 WESCONNETT BLVD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: KEVA HAMPTON 06/15/2009
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 (X) 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 (X) Delete
Name: JOYCE, JONES
Address: 5508 WESCONNECT BLVD
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PASTOR KEVA HAMPTON PRE 06/15/2009
Electronic Signature of Signing Officer or Director Date