2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N06000009649

Entity Name: INTER-FAITH BASED ADVISORY GROUP OF JACKSONVILLE, INC.

Current Principal Place of Business:

390 PARK STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

390 PARK STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 75-3214060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BRYANT, MINERVA B
390 PARK STREET
JACKSONVILLE, FL 32204 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:	BRYANT, MINERVA B	
Address:	390 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	VP	( ) Delete
Name:	JACQUELYN, NASH J	
Address:	390 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	SEC	( ) Delete
Name:	YVETTE, MALONE D	
Address:	390 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	TREA	( ) Delete
Name:	JOHNNIE, MILLER	
Address:	390 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	CHAP	( ) Delete
Name:	BLACK, DELORES	
Address:	390 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	FINA	( ) Delete
Name:	TABITHA, ROBINSON	
Address:	390 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32204 US	

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: JACQUELYN NASH VP 05/12/2009
Electronic Signature of Signing Officer or Director — Date