2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000011896

Entity Name: NEW COMMUNITY BAPTIST CHURCH OF ATLANTIC BEACH, INC.

Current Principal Place of Business:

84 LEWIS STREET
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

84 LEWIS STREET
ATLANTIC BEACH, FL 32233

New Mailing Address:

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

Name and Address of Current Registered Agent:

SCAYLES, MELVIN L DEACON
84 LEWIS STREET
ATALANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

MARTIN, MARK L DEACON
84 LEWIS STREET
ATLANTIC BEACH, FL 32233 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: MARK LEE MARTIN 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NEAL, FREDERICK DEACON
Address: 84 LEWIS STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: SCAYLES, MELVIN DEACON
Address: 84 LEWIS STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: RIGGINS, CHARLIE BRO.
Address: 84 LEWIS STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: MARTIN, MARK DEACON
Address: 84 LEWIS STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: BROWN, JOE DEACON
Address: 84 LEWIS STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: POWE, PRINCE DEACON
Address: 84 LEWIS STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

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: D (X) Change ( ) Addition
Name: MARTIN, MARK L DEACON
Address: 84 LEWIS STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

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: MARK LEE MARTIN DEA 04/15/2009
Electronic Signature of Signing Officer or Director Date