2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# N07000003256

Entity Name: CHURCH OF GOD OF REVELATION OF ST. AUGUSTINE ROAD, INC.

Current Principal Place of Business:

4017 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4017 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3517622 **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:

CHARLES, JEAN
4017 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207 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:	PD	( ) Delete
Name:	CHARLES, JEAN	
Address:	4017 ST. AUGUSTINE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	P	( ) Delete
Name:	PIERRE, JEAN D	
Address:	4017 ST. AUGUSTINE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	SD	( ) Delete
Name:	FREDERICK, RICHMOND	
Address:	6643 BRANDEMERE RD N	
City-St-Zip:	JACKSONVILLE, FL 33211	
Title:	TD	( ) Delete
Name:	JOESIL, MORTHE V	
Address:	4017 ST. AUGUSTINE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	SD	( ) Delete
Name:	MARTINEAU, EVAL	
Address:	5800 BARNES RD #63	
City-St-Zip:	JACKSONVILLE, FL 32216	

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:	TD	(X) Change ( ) Addition
Name:	JOESIL, MARTHE V	
Address:	4017 ST. AUGUSTINE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
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: FREDERICK RICHEMOND SD 05/03/2009

Electronic Signature of Signing Officer or Director — Date