

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001139

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** WEST FRIENDSHIP MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

945 CARRIE STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

945 CARRIE STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FILING CANCELLED**  
**RETURNED CHECK**

**FEI Number:** 59-2966217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIVENS, BURNEY  
1543 KINGSLEY AVENUE  
SUITE 18-B  
ORANGE PARK, FL 32073 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  
**Name:** COLE, TIMOTHY L SR.  
**Address:** 945 CARRIE STREET  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** SD  
**Name:** CASIANO-PEREZ, MICHELLE SR.  
**Address:** 945 CARRIE STREET  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** TD  
**Name:** MAHONE, DELORES  
**Address:** 945 CARRIE STREET  
**City-St-Zip:** JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

**SIGNATURE:** TIMOTHY L. COLE

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date