

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2008  
Secretary of State

DOCUMENT# N09199

Entity Name: FIRST CONSERVATIVE BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

12021 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

12021 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 59-2517497      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

YOUNGBLOOD, GENE A DR  
12021 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258 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: YOUNGBLOOD, GENE A., DR.  
Address: 12021 OLD ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD ( ) Delete  
Name: YOUNGBLOOD, REV. GEN, E A., JR.  
Address: 116 OAK CREEK CIRCLE  
City-St-Zip: TOCCOA, GA 30577

Title: TDS ( ) Delete  
Name: YOUNGBLOOD, DOROTHY, C.  
Address: 12021 OLD ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: YOUNGBLOOD, GREGORY A  
Address: P.O. BOX 57037  
City-St-Zip: JACKSONVILLE, FL 32241

Title: D ( ) Delete  
Name: YOUNGBLOOD, GEOFFREY A  
Address: 4526 BANNONS WALK  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: YOUNGBLOOD, REV. GEN, E A., JR.  
Address: 11335 BUCKHEAD TRAIL  
City-St-Zip: BRYCEVILLE, FL 32009

Title: TDSV (X) Change ( ) Addition  
Name: YOUNGBLOOD, DOROTHY, C.  
Address: 12021 OLD ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32258

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: DR. GENE A. YOUNGBLOOD

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date