

2008 **NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

APPROVED  
AND  
FILED

DOCUMENT # N14742

1. Entity Name  
JESUS CHRIST COMMUNITY BAPTIST CHURCH, INC.



08 JAN 29 AM 10:21

Principal Place of Business  
2069 N. MARKET STREET  
JACKSONVILLE, FL 32206 *Changed*

Mailing Address  
P.O. BOX 9302  
JACKSONVILLE, FL 32208-0302

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*LY 2-5-08*



2. Principal Place of Business - No P.O. Box #  
*918 IONIA ST*

3. Mailing Address  
*SAME*

06182007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*JACKSONVILLE, FL*

City & State

4. FEI Number  
*59-2797800*

Applied For  
Not Applicable

Zip  
*32206*

Country  
*DUVAL*

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, BARBARA  
9634 SPOTTSWOOD RD W  
JACKSONVILLE, FL 32208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Green, Barbara Green*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*1-25-08*  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME GAILYARD, REV. SAMUEL E.  
STREET ADDRESS 1010 VALENCIA TOWN TERRACE SUITE 205  
CITY-ST-ZIP ORLANDO, FL 32825

☐ Change ☐ Addition  
*600117609926*  
*02/08/08--01023--005 \*\*70.00*

TITLE SD ☐ Delete  
NAME GAILYARD, LINDA  
STREET ADDRESS 7360 AMANDA CROSSING DRIVE S  
CITY-ST-ZIP JACKSONVILLE, FL 32244

☐ Change ☐ Addition

TITLE CT ☐ Delete  
NAME GAILYARD, SOLOMON  
STREET ADDRESS 7360 AMANDA CROSSING DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE, FL 32244

☐ Change ☐ Addition

TITLE SSTO ☐ Delete  
NAME GREEN, BARBARA  
STREET ADDRESS 9634 SPOTTSWOOD RD. W.  
CITY-ST-ZIP JACKSONVILLE, FL 32208

☐ Change ☐ Addition

TITLE APD ☐ Delete  
NAME KELLY, THEODORE REV.  
STREET ADDRESS 1758 CESERY BOULEVARD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

☐ Change ☐ Addition

TITLE ST ☐ Delete  
NAME GREEN, HARRIETT  
STREET ADDRESS 4501 KEN KNIGHT DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32209

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Green, Barbara Green* *1-25-08* *904-768-2706*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #