

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16487

FILED
Feb 12, 2009
Secretary of State

Entity Name: JUBILEE CHRISTIAN CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

5910 NORTH W ST
PENSACOLA, FL 325031032 US

New Principal Place of Business:

Current Mailing Address:

5910 NORTH W ST (32505)
P.O. BOX 30269
PENSACOLA, FL 325031032 US

New Mailing Address:

FEI Number: 59-2695922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLENGER, LINDELL
5008 SKYLARK COURT
PENSACOLA, FL 32505 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: VD () Delete
Name: FOX, TIM
Address: 2740 BELL CHRISTIANE
City-St-Zip: PENSACOLA, FL 32503

Title: STD () Delete
Name: BALLENGER, DARLENE
Address: 5008 SKYLARK COURT
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: GILBERT, JAMES L
Address: 8917 N. DAVIS HWY., APT. 175
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: BENJAMIN, SR., REGINALD
Address: 5914 SARAH DR
City-St-Zip: PENSACOLA, FL 32505

Title: VD () Delete
Name: BALLENGER, LEN D
Address: 3252 DESERT ST
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: SAALE, ROBERT
Address: 1820 WINDING CREEK CIR
City-St-Zip: CANTONMENT, FL 32533

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: () Change () Addition
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City-St-Zip:

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: LINDELL BALLENGER

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date