

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25650

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE CHURCH OF OUR LORD AND SAVIOUR JESUS CHRIST, INC.

Current Principal Place of Business:

8442 NEW KINGS ROAD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8442 NEW KINGS ROAD
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3015797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, DOWLING
3947 VICTORIA LANDING DR N
JACKSONVILLE, FL 32208 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: GIBSON, JOHN ACE SR.
Address: 5918 JOHN F.KENNEDY DR.N
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: ROGERS DOWLING
Address: 3947 VICTORIA LANDIND DR NORTH
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: BOWERS, ROSE
Address: 4515 S. LINCREST DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: GIBSON, BARBARA J.
Address: 5918 JOHN F.KENNEDY DR.N
City-St-Zip: JACKSONVILLE, FL

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
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: BARBARA J. GIBSON

TD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date