

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31932

FILED
Mar 25, 2009
Secretary of State

Entity Name: EDGEWOOD HEIGHTS BAPTIST CHURCH, INC.

Current Principal Place of Business:

4011 GILMORE ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

7547 IMPALA LANE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-1644245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, H. WATSON
7547 IMPALA LANE
JACKSONVILLE, FL 32206 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: MOODY, H. WATSON
Address: 7547 IMPALA LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: HAIRGROVE, ROBERT
Address: 5664 DOOLITTLE RD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: STD () Delete
Name: DAVIS, RONALD
Address: 4518 DIGMAN ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: VDT () Delete
Name: CARTER, LAVELLE
Address: PO BOX 730
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: NEWMANS, LETHA
Address: 5702 APPLETON ST.
City-St-Zip: JACKSONVILLE, FL 32210

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: RONALD DAVIS

TREA

03/25/2009

Electronic Signature of Signing Officer or Director

Date