

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34935

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** THE LITTLE COUNTRY CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

862 BAISDEN ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

862 BAISDEN ROAD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 59-3081090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JAY, LOLA I  
860 BAISDEN ROAD  
JACKSONVILLE, FL 32218 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: SD ( ) Delete  
Name: JAY, LOLA  
Address: 860 BAISDEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: V ( ) Delete  
Name: JAY, EDDIE L  
Address: 860 BAISDEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MD ( ) Delete  
Name: JAY, JERALD  
Address: 4054 LIONHEART DR  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: JAY, EDDIE JR  
Address: 860 BAISDEN ROAD  
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: LOLA I. JAY

SD

03/23/2009

Electronic Signature of Signing Officer or Director

Date