

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38491

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** FIRST DELIVERANCE CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

PO BOX 2481  
JACKSONVILLE, FL 32203

**New Principal Place of Business:**

1957 W. BEAVER ST  
JACKSONVILLE, FL 32203

**Current Mailing Address:**

PO BOX 2481  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 59-3011441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

VINING, ERNEST J  
1407 IMESON ST  
JACKSONVILLE, FL 32204      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: DCT      ( ) Delete  
Name: RAINEY, JUNELE B.  
Address: 4828 ARROWSMITH ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: DT      ( ) Delete  
Name: COBB, LOUISE,  
Address: 1237 ACORN ST  
City-St-Zip: JACKSONVILLE, FL

Title: D/S      ( ) Delete  
Name: JONES, ANNIE  
Address: 3223 NOLAN STREET  
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:

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: JUNELE B. RAINEY

DCT

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date