

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41964

FILED
Mar 17, 2009
Secretary of State

Entity Name: NEW LIFE BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

6680 SEABOARD AVE
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

6680 SEABOARD AVE
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 59-2972821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCURDY, PAUL A PASTOR
7467 COUNTRYMAN LANE
JACKSONVILLE, FL 32244 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: P () Delete
Name: MCCURDY, PAUL A PASTOR
Address: 7467 COUNTRYMAN LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: MCCURDY, STEVE A PASTOR
Address: 9348 WHISPER GLEN
City-St-Zip: JACKSONVILLE, FL 32222

Title: D () Delete
Name: HUBBARD, JACK
Address: 8887 BELLROSE AVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: TD () Delete
Name: KEMP, TOM TREA
Address: 8519 COLLINS RIDGE BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

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: PAUL A. MCCURDY

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date