2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N43165

Entity Name: NORTH PEARL STREET BAPTIST CHURCH, INC.

Current Principal Place of Business:

4003 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

4003 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3143567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, LARRY
11645 BRIDGES RD
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: P ( ) Delete
Name: THOMAS, LARRY
Address: 11645 BRIDGES ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: MITCHELL, JOHNNY L MR.
Address: 2566 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: AS ( ) Delete
Name: THOMAS, FAYE E MRS.
Address: 11645 BRIDGES RD
City-St-Zip: JACKSONVILLE, FL

Title: TRT ( ) Delete
Name: SMITH, NEVILLE MR.
Address: 4736 NELMAR PL
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: MITCHELL, LOLA MRS.
Address: 2566 VERNON ST
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMAS, LARRY
Address: 11645 BRIDGES ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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

Title: AS (X) Change ( ) Addition
Name: THOMAS, FAYE E MRS.
Address: 11645 BRIDGES RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TRT (X) Change ( ) Addition
Name: SMITH, NEVILLE MR.
Address: 4736 NELMAR PL
City-St-Zip: JACKSONVILLE, FL 32206

Title: S (X) Change ( ) Addition
Name: MITCHELL, LOLA MRS.
Address: 2566 VERNON ST
City-St-Zip: JACKSONVILLE, FL 32209

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 W. MITCHELL S 01/16/2008

Electronic Signature of Signing Officer or Director — Date