

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N43252

FILED
Jan 04, 2007
Secretary of State

Entity Name: BETHESDA BAPTIST CHURCH OF JACKSONVILLE INC.

Current Principal Place of Business:

422 LURAY ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

422 LURAY ST
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-2936067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, RONNIE L.
9211 103RD #22
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

WEST, RONNIE L.
545 COPPITT DR. S
ORANGE PARK, FL 32073 US

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: RONNIE L. WEST

01/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PARKER, RUTH,
Address: 5119 ACOMA AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD () Delete
Name: WEST, RONNIE,
Address: 9211 103RD #22
City-St-Zip: JACKSONVILLE, FL

Title: DT () Delete
Name: WEST, CAROL
Address: 9211 103RD #22
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: THOMAS, PEARL,
Address: 3252 ROSSELLE ST.
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: PD (X) Change () Addition
Name: WEST, RONNIE L.,
Address: 545 COPPITT DR. S
City-St-Zip: ORANGE PARK, FL 32073

Title: DT (X) Change () Addition
Name: WEST, CAROL,
Address: 545 COPPITT DR. S
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: RONNIE L. WEST

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date