

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000713

FILED  
Feb 01, 2008  
Secretary of State

**Entity Name:** CORAL RIDGE BAPTIST CHURCH, SCHOOLS, UNIVERSITY, AND FREEDOM SEMINARY,  
INCORPORATED

**Current Principal Place of Business:**

2967 HUFFMAN BLVD  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

2967 HUFFMAN BOULEVARD  
P.O. BOX 16502  
JACKSONVILLE, FL 32245 US

**New Mailing Address:**

**FEI Number:** 59-2128653      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BURNSED, JEFF  
9719 NIMITZ COURT NORTH  
JACKSONVILLE, FL 32246 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: PD ( ) Delete  
Name: BURNSED, JEFF B DR  
Address: 9719 NIMITZ CT., N.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD ( ) Delete  
Name: FOX, ANTHONY M DR  
Address: 9755 JUPITER CT., N.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: O ( ) Delete  
Name: BURNSED, TIFFANY J  
Address: 9719 NIMITZ CT NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

Title: O ( ) Delete  
Name: JERVIS, TOMMY J DR  
Address: 2967 HUFFMAN BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: O ( ) Delete  
Name: ENER, ERIM E  
Address: 9729 NIMITZ CT NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

Title: O ( ) Delete  
Name: DULAJ, ARBEN  
Address: 9716 NIMITZ COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

**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:

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

Title: O (X) Change ( ) Addition  
Name: JONES, GARFIELD  
Address: 2967 HUFFMAN BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32246

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: JEFF BURNSED

DR

02/01/2008

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

\_\_\_\_\_  
Date