2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N93000001749

Entity Name: CHURCH OF THE BRETHREN OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

4554 PRUNTY AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4554 PRUNTY AVE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3184007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAYMER, RONALD
901 BROWNS RD
MIDDLEBURG, FL 32068 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: D ( ) Delete
Name: JOHNSON, GEORGIA
Address: 4884 RAGGEDY PT RD
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: RAYMER, RUBY L
Address: 7307 ROSLYN RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: SMITH, CHARLES
Address: 1289 MURRAY DR
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: RAYMER, RONALD R.
Address: 901 BROWN ROAD
City-St-Zip: MIDDLEBURG, FL

Title: D ( ) Delete
Name: MCGUCKIN, CHARLES
Address: 4292 BANKS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D (X) Change ( ) Addition
Name: MCGUCKIN, CHARLES
Address: 4292 BANKS RDM
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Change (X) Addition
Name: GARMAN, MATTHEW
Address: 9767 CARBONDALE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208D

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: RUBY L. RAYMER D 04/08/2009

Electronic Signature of Signing Officer or Director — Date