

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000667

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE CHURCH OF CHRIST AT U.S. HWY # 1, INC.

Current Principal Place of Business:

6452 NEW KINGS RD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

6452 NEW KINGS RD
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 59-3264799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, CLARENCE
8428 NEW KINGS ROAD
SUITE #3
JACKSONVILLE, FL 32219 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: SD () Delete
Name: HAMMOND, VALERIE J
Address: 7527 JOHN F. KENNEDY DR. WEST
City-St-Zip: JACKSONVILLE, FL 32219

Title: CD () Delete
Name: WILLIAMS, CLARENCE E
Address: 8428 NEW KINGS ROAD STE 3
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: MAMARIL, ARMANDO
Address: 10505 RS BAILEY DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: GENERAL, WALTER N
Address: 2836 WEST 4TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: TIMMONS, GARY J
Address: 1363 CARBONDALE DRIVE N
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: CLARENCE WILLIAMS

CD

04/30/2009

Electronic Signature of Signing Officer or Director

Date