

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 17, 2008
Secretary of State

DOCUMENT# N94000002834

Entity Name: HILLCREST BAPTIST CHURCH, INC.**Current Principal Place of Business:**7673 COLLINS RD
JACKSONVILLE, FL 32244 US**New Principal Place of Business:****Current Mailing Address:**7673 COLLINS RD
JACKSONVILLE, FL 32244 US**New Mailing Address:****FEI Number:** 59-1566706**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARE, RONALD K
7673 COLLINS RD
JACKSONVILLE, FL 32244 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: PATTERSON, TIMOTHY C
Address: 7673 COLLINS RD
City-St-Zip: JACKSONVILLE, FL 32244**Title:** T () Delete
Name: BELISARIO, TOM
Address: 4220 IRVINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210**Title:** TR (X) Delete
Name: HEWETT, RICK
Address: 8208 COLLINS RD
City-St-Zip: JACKSONVILLE, FL 32244**Title:** TR (X) Delete
Name: JACKSON, TOM
Address: 1511 LASOTA AVE
City-St-Zip: JACKSONVILLE, FL 32205**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: EUBANKS, ALAN
Address: 7673 COLLINS RD
City-St-Zip: JACKSONVILLE, FL 32244**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: TIMOTHY C PATTERSON

P

11/17/2008

Electronic Signature of Signing Officer or Director

Date