

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005468

FILED
Mar 02, 2009
Secretary of State

Entity Name: COASTAL BAPTIST CHURCH, INC.

Current Principal Place of Business:

750 GIRVIN ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

750 GIRVIN ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3279840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE & ROWE PA
9471 BAYMEADOWS ROAD SUITE 203
JACKSONVILLE, FL 32256 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: CCD () Delete
Name: ROGERS, EUGENIA S
Address: 12339 TIGER CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: BUTLER, NATHAN
Address: 2044 MERCED CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD () Delete
Name: STOKES, ROBBY
Address: 12544 HERBLORE DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: WHEELER, CAROL
Address: 4658 BLUFF AVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: MAL () Delete
Name: YARBROUGH, BUD
Address: 3426 WASHBURN RD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: FS () Delete
Name: YARBROUGH, KAREN
Address: 3426 WASBURN RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: MILLS, DONALD
Address: 12628 FISH HAWK LANE
City-St-Zip: JACKSONVILLE, FL 32225

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: NATHAN BUTLER

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date