

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001025

FILED
Mar 28, 2009
Secretary of State

Entity Name: NEW FRIENDSHIP MISSIONARY BAPTIST CHURCH OF ATLANTIC BEACH, INCORPORATED

Current Principal Place of Business:

1996 MAYPORT RD.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

1996 MAYPORT RD.
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

P.O BOX 330658
ATLANTIC BEACH, FL 322330658 US

New Mailing Address:

FEI Number: 59-3083916 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EAKIN, PAUL M
599 ATLANTIC BLVD.
SUITE 4
ATLANTIC BEACH, FL 32233 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: DP () Delete
Name: DEACON, THOMAS F
Address: 4611 MAYFLOWER STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: DV () Delete
Name: WORTHERLY, CLEMON R DEACON
Address: 2740 GRAYTON CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: DS () Delete
Name: PAIGE, RODNEY
Address: 2121 TILDEN ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: STACKHOUSE, JAMES DEACON
Address: 9716 S. ORR CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DT () Delete
Name: GRIFFITH, RICARDO
Address: 333 LAZY MEADOW DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: SCOTT, WENDELL
Address: 2952 COLD CREEK BLVD
City-St-Zip: JACKSONVILLE, FL 32221

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: CLEMON R. WORTHERLY

DV

03/28/2009

Electronic Signature of Signing Officer or Director

Date