

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006512

FILED  
May 17, 2010  
Secretary of State

**Entity Name:** GREATER MOUNT VERNON MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1462 PRINCE STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1462 PRINCE STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 59-3527784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, ROWLAND V  
6411-1 ARLINGTON ROAD  
JACKSONVILLE, FL 32211      US

**Name and Address of New Registered Agent:**

HAGANS, GROVER C  
2419 SPIREA STREET  
JACKSONVILLE, FL 32209      US

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: GROVER C. HAGANS

05/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CT  
Name: HAGANS, GROVER C  
Address: 2419 SPIREA STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VCT  
Name: MIKEL, WILLIE  
Address: 6443 MANHATTEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32219

Title: TT  
Name: LOVE, NELSON  
Address: 1211 WEST 10TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T  
Name: ATWATER, GREGORY  
Address: 1279 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

Title: ST  
Name: SCOTT, WILLIAM  
Address: 1960 WEST 6TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T  
Name: SULLIVAN, BOBBY  
Address: 4249 FRANCIS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: GROVER C. HAGANS

CHAR

05/17/2010

Electronic Signature of Signing Officer or Director

Date