

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006331

FILED
Mar 20, 2009
Secretary of State

Entity Name: HIBERNIA BAPTIST CHURCH, INC.

Current Principal Place of Business:

7100 US HIGHWAY 17 S
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

7100 US HIGHWAY 17 S
FLEMING ISLAND, FL 32003

Current Mailing Address:

7100 US HIGHWAY 17 S
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

7100 US HIGHWAY 17 S
FLEMING ISLAND, FL 32003

FEI Number: 59-3595104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, CANDIE
1900 LAKE FOREST LANE
ORANGE PARK, FL 32003 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: PD () Delete
Name: YIRKA, SCOTT
Address: 3375 BEULAH VISTA
City-St-Zip: ORANGE PARK, FL 32003

Title: TD () Delete
Name: MUYRES, DAVID
Address: 2412 STOCKTON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: DICKSON, DEE
Address: 1663 RUSTLING DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: MD () Delete
Name: WEST, BETTY J J
Address: 1900 LAKE FOREST LANE
City-St-Zip: ORANGE PARK, FL 32003

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:

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: BETTY J. WEST

MD

03/20/2009

Electronic Signature of Signing Officer or Director

Date