JACKSONVILLI	E, FL 32206			
Current Mai	ling Address:			
P. O. BOX 4 JACKSONVI	41045 LLE, FL 32222 US			
FEI Number: 59-2797800			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
	NDA CROSSING DRIVE SOUTH E , FL 32244 US			
The above named	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.	
	I entity submits this statement for the purpose of changing its regis	stered office or regis		3/26/2024
		stered office or regis		
	EILINDA GAILYARD Electronic Signature of Registered Agent	stered office or regis		3/26/2024
SIGNATURE	EILINDA GAILYARD Electronic Signature of Registered Agent	stered office or regis		3/26/2024
SIGNATURE	EIECTRONIC Signature of Registered Agent		0:	3/26/2024
SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent	Title	SD	3/26/2024
SIGNATURE Officer/Direc Title Name	E: LINDA GAILYARD Electronic Signature of Registered Agent Ctor Detail : PD GAILYARD, REV. SAMUEL E. 6593 QUEENSBOROUGH AVENUE APT. #201	Title Name	SD GAILYARD, LINDA 7360 AMANDA CROSSING DRIVE	3/26/2024
SIGNATURE Officer/Direc Title Name Address	E: LINDA GAILYARD Electronic Signature of Registered Agent Ctor Detail : PD GAILYARD, REV. SAMUEL E. 6593 QUEENSBOROUGH AVENUE APT. #201	Title Name Address	SD GAILYARD, LINDA 7360 AMANDA CROSSING DRIVE SOUTH	3/26/2024
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD GAILYARD, REV. SAMUEL E. 6593 QUEENSBOROUGH AVENUE APT. #201 ORLANDO FL 32835	Title Name Address City-State-Zip:	0 SD GAILYARD, LINDA 7360 AMANDA CROSSING DRIVE SOUTH JACKSONVILLE FL 32244	3/26/2024

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: GAILYARD, LINDA

SOUTH

JACKSONVILLE FL 32244

City-State-Zip:

AGENT/REPRESENTATIV 03/26/2024 E

City-State-Zip: JACKSONVILLE FL 32209

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14742

Entity Name: JESUS CHRIST COMMUNITY BAPTIST CHURCH, INC.

Current Principal Place of Business:

918 IONIA ST. JACKSONVILLE, FL 32206 FILED Mar 26, 2024 Secretary of State 0610853043CC