

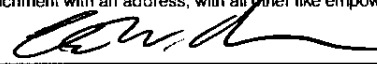


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90018 027 ****61.50

| | | | | | |
|--|--------------------------|---|---------|---|---|
| DOCUMENT # 700968 | | | |  | |
| 1. Entity Name UNIVERSITY BOULEVARD CHAPEL OF THE CHURCH OF GOD AT JACKSONVILLE, FLORIDA, INC. | | | | | |
| Principal Place of Business 2214 UNIVERSITY BLVD S 2214 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE, FL 32216 | | Mailing Address 2214 UNIVERSITY BLVD S 2214 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE, FL 32216 | |  | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01192004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-2185201 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| OLSON, DEAN W 2214 UNIVERSITY BLVD. S JACKSONVILLE, FL 32216 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLGROVE, DEBBIE | | | NAME | |
| STREET ADDRESS | 1956 MINDANAD DR | | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32246 | | | CITY-ST-ZIP | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, G.RUSSELL | | | NAME | |
| STREET ADDRESS | 2831 LANTAN DR. W. | | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32246 | | | CITY-ST-ZIP | |
| TITLE | VPVD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKS, MERLE | | | NAME | |
| STREET ADDRESS | 3267 DEERFIELD POINT DR. | | | STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | | | CITY-ST-ZIP | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMBRIGHT, SHIRLEE | | | NAME | |
| STREET ADDRESS | 3328 CARLSBAD TRAIL | | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | | CITY-ST-ZIP | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAXTON, DEBRA | | | NAME | |
| STREET ADDRESS | 2733 ROCHFORD CT. | | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 | | | CITY-ST-ZIP | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLSON, DEAN W | | | NAME | |
| STREET ADDRESS | 2214 UNIVERSITY BLVD., S | | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32216 | | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | Dean. W. Olson | | 2-17-04 904 725-7688 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |